Director's Instruction
Number 04-018

_____

ATTENTION

1) This Director's Instruction rescinds DI 04-016

2) The requirements contained in this Director's Instruction have been modified to address implementation issues. Major changes are identified in the Revision History Table and are in red text.

3) Management Self-Assessment Reports submitted to the Resumption Review Board one week after the effective date of this Director's Instruction must meet the updated requirements contained herein.

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Resumption Process, Risk-Levels 2 & 3 Work

Summary:
This instruction directs how to resume risk-level 2 (moderate risk) and risk level 3 (high risk) activities at Los Alamos National Laboratory (LANL) following the suspension of operations by the Laboratory Director on Friday, July 16, 2004.

Applicability:
This instruction applies to all organizations, contractors, and subcontractors conducting risk-level 2 and 3 activities at LANL except for the Los Alamos Fire Department and as noted in Section 3.0, Scope.

Justification:
This instruction provides the process for managers and employees to resume work deemed to have moderate and/or high risk of incurring a safety, security, or environmental compliance violation.

A memo from the Director suspending LANL operations, DIR-04-242, included the following important information:

- A point-to-point risk assessment will be required of all the Laboratory's day-to-day activities.
- Managers will provide each employee with the information needed to comply with the suspension of work and the requirements for resuming work.
- Staggered restart, duration will depend on the complexities and risks identified in each part of the Laboratory's operations.

The Laboratory Director will approve all resumption of activities (except for activities involving accountable CREM).

Contact: Associate Director for Operations, A104, 667-0079

Reviewed by the Policy Office M. Diana Webb	Signature Signature on File	Date 09/16/2004

Issued by the Director **George P. Nanos**	Signature Signature on File	Date 09/17/2004

This instruction will remain in effect until further notice.

Los Alamos National Laboratory

Resumption Process
Plan of Action for Risk-Level 2 & 3 Activities

September 13, 2004

Approval:

Signature on File   09/17/2004

_____ _____

Signature: G. P. Nanos, Jr., Director   Date

NNSA/LASO Concurrence:

Signature on File   09/21/2004

_____ _____

Signature: E. Wilmot, NNSA/LASO Manager Date

Revisions History Table

Date	Affected Sections/Pages	Change Description
8/12/04	4.2 Definitions	Added definition for "essential"
	8.5 Authorization Agreements	Reference to LIR 300-00-03, Attachment 4 – AA process change
	Attachment 1, Page 1-2	Removed last bullet before risk level 2 examples
	Attachment 5	Instruction pages numbering change from 5-1 and 5-2 to 5-i and 5-ii
9/1/04	Various	• Non-accountable CREM will be assessed in this process. • Resource-loaded CAPs are to be submitted to COMPASS Project Manager within 15 calendar days of receiving resumption authority • Section 8.4 – Removed independent readiness review process information to a separate document (PS2-04-0138) with NNSA/LASO approval. Terminology changed from Laboratory Readiness Assessments to Laboratory Readiness Reviews. • Section 9.0 Records: Retention criteria changed to consult applicable retention schedules and footer disclaimer • Attachment 2 – Risk Level 2, examples; MSAs and LRRs are essential activities for the resumption process and assessment teams are allowed to have access to classified documents for those activities being evaluated during the assessment • Attachment 5, CRADs statement requiring that all Lines of Inquiry (LOIs) be asked during the interviews was removed. The RLMs have authority to scale down the CRAD LOIs before submitting the SNR w/ CRADs to the RRB for approval. • Attachment 5, CRAD 1.02 added some LOIs and removed the Individual Personnel Objective (IPO) from the list of documents to review. • Attachment 6 – Pre-start findings determination has been revised to focus on work conditions of imminent danger. • Attachment 7 – Deleted from this document and transferred to Director's Instruction on Management Process and Post-MSA Resumption of Local Issues • Other minor changes for clarification (All changes in this revision have been noted in red.)

ATTACHMENTS
    Attachment 1: Determination of Institutional Risk
    Attachment 2: Instructions for SNR Grouping and SNR Sample
    Attachment 3: Resumption Review Board Charter
    Attachment 4: Core Requirements to POA Functional Area Matrix
    Attachment 5: Criteria Review and Approach Documents (CRADs)
    Attachment 6: Classification of Findings

1.0 BACKGROUND

On July 16, 2004, the Director and the Senior Executive Team (SET) suspended routine Laboratory operations pending completion of a formal review process to ensure that the Laboratory can operate safely, securely, and in a compliant manner while meeting national security obligations. There are three major parts to the resumption process: (1) demonstrate operational competence and commitment; (2) verify the integrity of processes for using and handling accountable classified removable electronic media (CREM); and (3) verify functional and organizational readiness. The first two resumption processes are defined in separate documents. The third resumption process contained in this document – verify functional and organizational readiness – has two phases.

1.1 Phase I, Work Activity Risk Determination

All Laboratory work activities are categorized as a function of risk on a scale of one (1) to three (3) (low, moderate, or high, respectively). The initial risk determination was conducted by Senior Laboratory Managers on July 17, 2004 and was based on the hazards of work activities and the confidence that workers conducting the activities could do so in a safe, secure, and compliant manner. The Laboratory Director authorized activities deemed essential for safety and security, or for execution of the resumption process. A zero (0) preceding the risk-level denotes an essential activity, for example, an essential moderate risk activity is identified as risk-level 0/2. The criteria for risk determination are in Attachment 1, Determination of Institutional Risk. Risk-levels for work activities may be revised using the change-control process available at http://int.lanl.gov/source/restart/change_control.shtml.

1.2 Phase II, Assessment/Verification of Readiness

Phase II of the resumption process is using LIR 300-00-08, Startup/Restart of Laboratory Facilities/Activities as a guide. This phase of the resumption process requires a management self-assessment (MSA) of all risk-level 2 and 3 work activities. In addition, risk-level 3 work activities must undergo independent Laboratory Readiness Reviews (LRRs). Functional areas for Phase II resumption assessments include management competency, people and behaviors, integrated safety management, training and qualifications, safeguards and security, environmental protection, adequacy of the tools necessary to perform the work, and authorization basis.

2.0 PURPOSE

This document defines the process for verifying functional and organizational readiness required for authorization to resume risk-level 2 and 3 work activities.

The process for resumption of risk-level 1 work activities can be found at http://int.lanl.gov/source/restart/restart.shtml.

3.0 SCOPE

This resumption plan applies to all organizations, including subcontractors conducting risk-level 2 and 3 activities at Los Alamos National Laboratory except as noted below. Stand alone and/or supplemental resumption processes are required for the following:

- Risk-level 1 activities: Required for all work activities (see http://int.lanl.gov/source/restart/restart.shtml)
- Operational competence and demonstrated commitment: Required for all work activities (under development; see http://int.lanl.gov/source/restart/criteria.shtml);
- Use and handling of accountable CREM: Required in addition to the resumption processes for risk-level 1–3 activities where accountable CREM is used or handled
- Construction Project Work: stand alone process for construction projects administered by the Project Management (PM) Division http://int.lanl.gov/memos/MasterManagement/MM1896_ADS2067.PDF
- DOE-controlled projects/activities

4.0 ACRONYMS AND DEFINITION

4.1 Acronyms

AA	Authorization Agreement
AD	Associate Director
CA	Corrective Actions
CAP	Corrective Action Plan
CFR	Code of Federal Regulations
CRAD	Criteria Review and Approach Document
CREM	Classified Removable Electronic Media
ISM	Integrated Safety Management
IWD	Integrated Work Document
KSL	KBR-Shaw-LATA (company)
LRR	Laboratory Readiness Reviews
LANL	Los Alamos National Laboratory
LIR	Laboratory Implementation Requirements
MIP	Maintenance Implementation Plan
MSA	Management Self-Assessment
NNSA	National Nuclear Security Administration
PPE	Personnel Protective Equipment
POA	Plan of Action
PM	Project Management Division
PS	Performance Surety
RWP	Radiation Work Permit
RDL	Responsible Division Leader
RLM	Responsible Line Manager (for the purpose of MSA Groupings, Attachment 2)
RRB	Resumption Review Board
SET	Senior Executive Team

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        SME   subject matter expert
        SNR   Startup Notification Report
        WBS   Work Breakdown Structure
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4.2 Definitions

Compensatory measures: Actions taken to mitigate the hazard(s) associated with pre-start findings, thus allowing the pre-start finding to be addressed without delaying resumption activities. These compensatory measures must be approved by the Laboratory Director.

Essential activities: Work activities with the Director's approval to continue during the suspension of operations are activities that
- ensure the safety and security of the public, workers, the environment, equipment, and facilities,
- ensure the protection of classified matter and information,
- ensure compliance with applicable regulatory and contractual drivers,
- support critical business and administrative functions(e.g., payroll, maintenance of the communications infrastructure, etc.)
- support resumption activities, and/or
- received special approval from the Director

Issues: A matter of concern identified during the course of the assessment that should be noted and followed up to determine if any action is merited based on the evaluation if it violates any requirements or regulations. These issues are evaluated and identified as findings, substantive observations, or observations per the definitions contained in this section.

Finding: A violation of requirements. Findings are further classified as to Pre-start and Post-start Findings.

Substantive Observation: Those observations that involve fundamental deviations from expectations at the work unit, leader, and/or organizational process levels and, when corrected, are expected to result in marked improvement in performance. Note that a substantive observation cannot be written when there is a non-compliance with a requirement.

Observation: An item that does not violate requirements but inhibits the organization from meeting performance expectations, goals, and objectives.

Noteworthy Practice: A positive condition that is well beyond normal performance expectations or standard practices and is worthy of commendation and communication to others as a good example.

5.0 PREREQUISITES

Organizations and their workers must be authorized to resume risk-level 1 work activities before implementation of this resumption plan.

6.0 TRAINING

LANL course # 31504, Readiness Assessment Training for LANL Restart, is required for the following:

- Responsible line managers (RLMs) designated by Associate Directors
- MSA team leaders
- MSA team members designated by MSA team leaders (A minimum of 25% of the MSA team must complete the formal training course; remaining team members must be trained by the team leader)

Students can register for the course on-line at the following URL:
http://eshtraining.lanl.gov/pls/gencouraxs/Cour_By_Number?CourseNumber=31504.

> **Note:** This training course is unique to the resumption process and is required as noted above. Completion of other readiness training may not be used in lieu of this requirement.

7.0 RESUMPTION PROCESS RESPONSIBILITIES AND AUTHORITIES

7.1 National Nuclear Security Administration/Los Alamos Site Office (NNSA/LASO)

- Concurs with this document
- Approves Operational Efficiency scope
- Approves the Startup Notification Reports (SNR)
- Participates in Management Self-Assessments (MSAs) as observers
- Participates in Laboratory Readiness Reviews (LRRs) as observers
- Participates as a Resumption Review Board member with "veto" authority
- Approves Authorization Agreements (when applicable)

NOTE: NNSA/LASO participation and signatures constitute the required NNSA involvement for resumption of LANL risk-level 2 and 3 activities. Thus, an NNSA RRB representative must sign all RRB "recommendations for resumption" to the Laboratory Director.

7.2 Laboratory Director

- Approves this document
- Charters the Resumption Review Board (Attachment 3)
- Serves as the authorization authority on the Startup Notification Report (Attachment 2)
- Approves compensatory measures mitigating pre-start findings
- Authorizes resumption of risk-level 2 and 3 activities with the exception of those activities involving the use or handling of accountable CREM

7.3 Responsible Line Manager (RLM) for Management Self-Assessments

Note: For the purpose of this Resumption Process Plan of Action, the RLM is the person responsible for keeping the assessments on track for the MSA grouping as approved in the SNR.

- Exercises authority to determine risk-levels using best judgment and the guidance provided in Attachment 1
- Appoints MSA team leader with concurrence from RRB
- Develops the Startup Notification Report(s) in conjunction with PS-Division and concurred by RRB
- Conducts the MSA(s)
- Prepares (1) the Memorandum to Proceed with the Laboratory Readiness Assessment or (2) the Memorandum to Resume Activities (see templates at URL: http://int.lanl.gov/source/restart/docs/SNR_MSA%20Guidelines.pdf)
- Identifies institutional and non-institutional issues resulting from findings
- Coordinates preparation of the non-institutional corrective action plans
- Tracks and closes assessment findings within his or her purview

7.4 Resumption Review Board (RRB)

- Provides oversight and guidance for the implementation of this Plan of Action (see Attachment 3, Resumption Review Board Charter)
- Reviews and concurs with Startup Notification Reports
- Coordinates reviews with NNSA/LASO
- Concurs with the assignment of MSA team leaders and members
- Coordinates with the Senior Executive Team to schedule LRRs
- Directs PS-Division to commence LRR
- Concurs with line management classification of pre- and post- start findings
- Assists in the identification of institutional issues from assessment findings
- Concurs with line management's Memorandum to Proceed and assessments reports
- Reviews Memoranda to Proceed and provides approval/disapproval recommendations to the Director
- Ensures lessons learned from earlier MSAs/LRRs are considered in subsequent MSAs/LRRs
- Ensures that review documents and record packages resulting from MSAs and LRRs are controlled and retained as quality records

8.0 PROCESS OVERVIEW

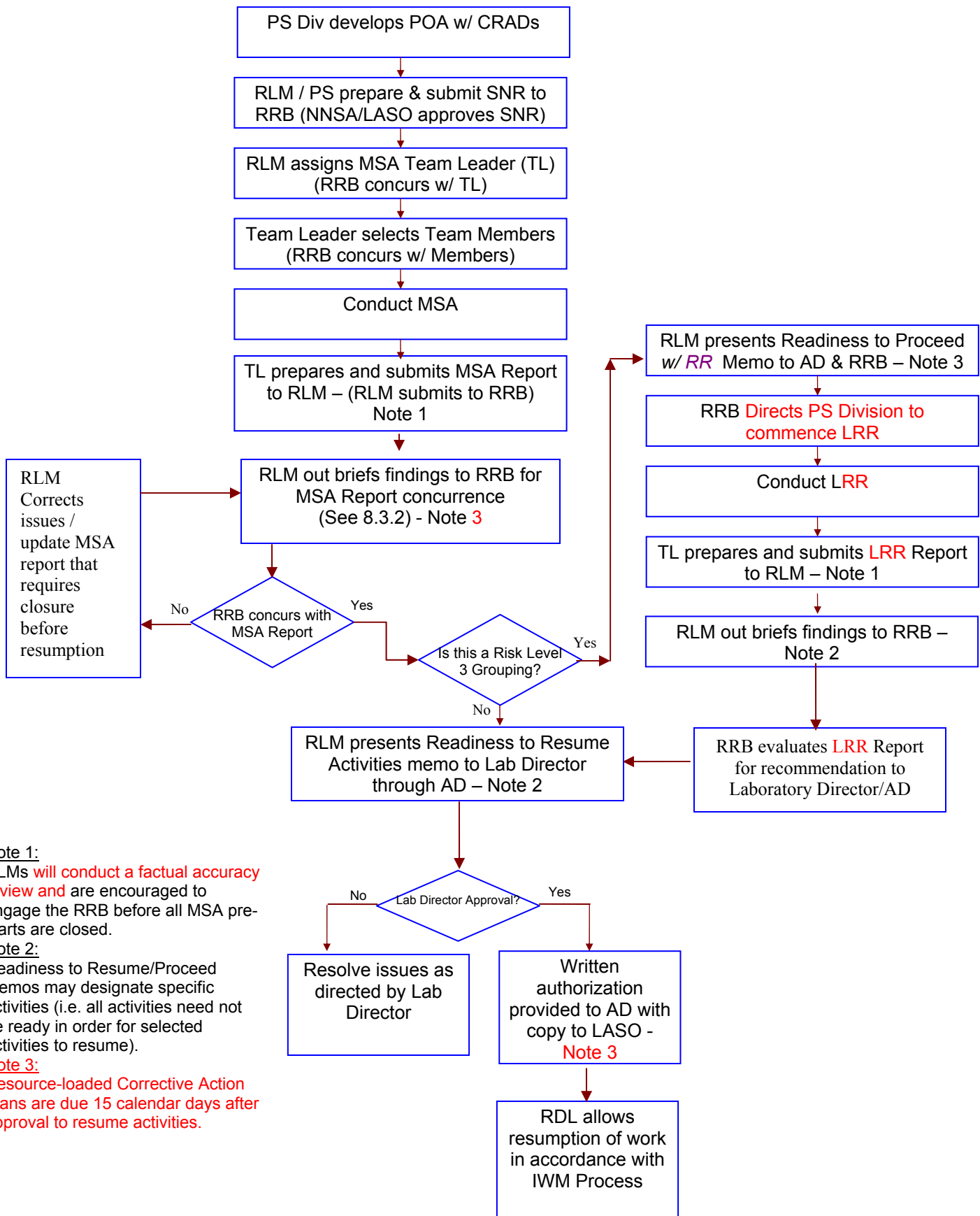The resumption process is depicted graphically in Figure 1 (next page).

Figure 1: Resumption Overview

Flowchart content:

- PS Div develops POA w/ CRADs
- RLM / PS prepare & submit SNR to RRB (NNSA/LASO approves SNR)
- RLM assigns MSA Team Leader (TL) (RRB concurs w/ TL)
- Team Leader selects Team Members (RRB concurs w/ Members)
- Conduct MSA
- TL prepares and submits MSA Report to RLM – (RLM submits to RRB) Note 1
- RLM out briefs findings to RRB for MSA Report concurrence (See 8.3.2) - Note 3
- RLM Corrects issues / update MSA report that requires closure before resumption
- RRB concurs with MSA Report — No / Yes
- Is this a Risk Level 3 Grouping? — Yes / No
- RLM presents Readiness to Proceed w/ RR Memo to AD & RRB – Note 3
- RRB Directs PS Division to commence LRR
- Conduct LRR
- TL prepares and submits LRR Report to RLM – Note 1
- RLM out briefs findings to RRB – Note 2
- RRB evaluates LRR Report for recommendation to Laboratory Director/AD
- RLM presents Readiness to Resume Activities memo to Lab Director through AD – Note 2
- Lab Director Approval? — No / Yes
- Resolve issues as directed by Lab Director
- Written authorization provided to AD with copy to LASO - Note 3
- RDL allows resumption of work in accordance with IWM Process

Note 1:
RLMs will conduct a factual accuracy review and are encouraged to engage the RRB before all MSA pre-starts are closed.

Note 2:
Readiness to Resume/Proceed memos may designate specific activities (i.e. all activities need not be ready in order for selected activities to resume).

Note 3:
Resource-loaded Corrective Action Plans are due 15 calendar days after approval to resume activities.

8.1 Assessment Scope

The Management Self-Assessments (MSA) and Laboratory Readiness Reviews (LRRs) for the resumption process address each of the 15 core requirements listed in LIR 300-00-08. Each of the core requirements is matrixed against eight areas of emphasis defined by the Laboratory Director (Attachment 4):

- Management competency;
- People and Behaviors;
- Integrated Safety Management (ISM);
- Integrated Safeguards and Security Management (ISSM);
- Training and Qualifications;
- Environmental Protection;
- Tools (infrastructure, equipment, engineering controls); and
- Authorization Basis.

Management self-assessments and LRRs must be conducted using the Criteria Review and Approach Documents (CRADs) in Attachment 5 that were developed to support the matrix elements of Attachment 4.

8.2 Startup Notification Report (SNR)

The RLM must prepare a Startup Notification Report (SNR; Attachment 2) for each group of activities evaluated by an MSA. The activities to be grouped together for the MSAs are listed in Attachment 2. The SNR template is available at http://ps.lanl.gov/ps2/resumption_process.shtml; SNR numbers will be provided by the RRB. The MSA team leader and team members must be identified as part of the SNR process.

Prior to beginning the MSA, a SNR package must be submitted to the RRB for concurrence and NNSA/LASO approval. The SNR package must include the SNR, Form 2092; MSA team leader and members qualifications; MSA CRADs; and sampling information.

NOTE: NNSA/LASO participation and signatures constitute the required NNSA involvement for resumption of LANL risk-level 2 and 3 activities. Thus, an NNSA RRB representative must sign all RRB "recommendations for resumption" to the Laboratory Director.

8.3 Conducting Management Self-Assessments (MSA)

Preparations for MSAs may begin at any time but the assessment may not commence until the SNR has been approved by NNSA/LASO. Notification of SNR approval is made by the RRB. The MSAs must be conducted in accordance with the approved SNR and must use the approved CRADs (Attachment 5).

8.3.1 Classification of Issues

Issues must be documented on the CRAD Form 1 (Attachment 5) used for the MSA. Findings must be classified as "pre-start" or "post-start" using guidance provided in the Classification of Findings, Attachment 6. All findings, substantive observations, observations, and noteworthy practices must be identified on the CRAD Form 1 utilizing the following scheme: SNR number – Criteria number – F- or SO- or O-Sequential number.

8.3.2 MSA Report

The MSA report must be prepared by the team leader and submitted to the responsible line manager (RLM). The final report must include the completed CRADs and a Memorandum to Proceed (section 8.3.4). The MSA report may contain privileged information and thus requires special markings – guidance on making a determination on appropriate markings refer to COMPASS URL: http://int.lanl.gov/security/protectinfo/index.php/fuseaction/home.viewcats or contact your Authorized Derivative Classifier (ADC), Security Division, or Legal Counsel.

The MSA report must be submitted to the RRB for review. The RRB will review the MSA reports and concur
- without any further actions required,
- with recommendations or comments to be resolved at the RLM's discretion,
- with comments that must be resolved, but that are not required to be addressed prior to resumption, or
- with comments that must be resolved prior to resumption.

8.3.3 MSA Disposition of Findings

Responsible line managers must follow Director's Instructions on Management Process and Post-MSA Resumption Local Issues requirements to disposition findings. A resource-loaded Corrective Action Plan must be submitted to the COMPASS Project Manager within 15 calendar days of receiving authorization to resume activities. The assigned RLM must formally track and manage his or her non-institutional corrective actions.

8.3.4 Memorandum to Proceed/Resume

For risk-level 3 MSAs, a Memorandum to Proceed (see sample at COMPASS website [MSA Toolkit/Guidance Document – Part 2]) must be prepared by the RLM and accompany the MSA report for risk-level 3 activities. The memorandum must declare readiness to proceed with the LRRs . The memorandum and MSA report must be submitted to the RRB with a copy to the Laboratory Director and LRR team leader. The RRB will communicate the organization's readiness to proceed with the LRR to PS Division and schedule the LRR.

For risk-level 2 MSAs, the RLM prepares a Memorandum to Resume requesting authorization to resume activities (see sample at COMPASS website [MSA Toolkit/Guidance Document – Part

2]). Compensatory measures must be in place and verified by management (next level up from the RLM) before submitting the memorandum to the RRB. The Memorandum to Resume must include a statement addressing this verification. The RRB review will provide concurrence with comments as described in Section 8.3.2. The RRB will provide a signed (RRB Chair and NNSA/LASO) document stating RRB's 'recommendation to resume' with recommendations or comments to the Laboratory Director. The RLM then presents the MSA report and associated documents through the responsible line management chain to the Laboratory Director for determination of authorization to resume activities.

8.4 Conducting the Laboratory Readiness Review (LRR)

A LRR is required only for risk-level 3 activities. As described in Section 8.3, an MSA must be completed prior to conducting the LRR. RRB concurrence with the compensatory measures and open findings identified in the MSA Report to be relatively few in number and easily managed will satisfy a pre-requisite for starting the LRR.

The RRB notifies PS-2 Group Leader in writing when the LRRs are ready to begin. The readiness reviews will be conducted per PS2-04-038, Independent Resumption Readiness Reviews Implementation Plan.

8.4.1 Disposition of LRR Findings

Upon receipt of the LRR report, the RLM must follow Director's Instructions on Management Process and Post-MSA Resumption Local Issues requirements to disposition findings. A resource-loaded schedule Corrective Action Plan that addresses all resumption assessment issues (MSA and LRR) must by submitted to the COMPASS Project Director within 15 calendar days of receiving authorization to resume activities. The assigned RLM must formally track and manage his or her non-institutional corrective actions.

8.4.2 Memorandum to Resume

The RLM prepares a Memorandum to Resume (see sample at COMPASS website [MSA Toolkit/Guidance Document – Part 2]) requesting authorization to resume activities and submits it to the RRB with the LRR report. This memo must identify open findings and compensatory measures put in place to mitigate pre-start findings. Compensatory measures must be verified by management (next level up from the RLM) before submitting the memo to the RRB. The Memorandum to Resume must include a statement addressing this verification.

The RRB review will provide concurrence with comments as described in Section 8.3.2. The RRB will provide a signed (RRB Chair and NNSA/LASO) document of the RRB's 'recommendation to resume' with recommendations or comments to the Laboratory Director.

After RRB concurrence, the RLM must then present the LRR report and associated documents through the responsible line management chain to the Laboratory Director for resumption authorization.

8.5 Authorization Agreements

An approved Authorization Agreement must be in place for nuclear and certain higher-hazard non-nuclear facilities prior to resumption of risk-level 3 activities within those facilities. See LIR 300-00-03, Laboratory Institutional Operations Program, Attachment 4, for additional information and a list of facilities that require an Authorization Agreement. The PS-2 Operations Support Group (5-8006, sdick@lanl.gov) is available to provide assistance in developing and revising Authorization Agreements. Completed Authorization Agreements must be submitted to PS-2 Group Office at MS C347.

8.6 Authorization to Resume Risk-Level 2 and 3 Activities

The RLM must submit the completed Memorandum to Proceed and the associated documentation through the responsible line management chain to the Laboratory Director for resumption authorization. Once the Laboratory Director authorizes the resumption of activities, the RDL resumes the work in accordance with applicable Laboratory requirements.

9.0 RECORDS

Completed CRADs (Form 2094), assessment reports, corrective actions, resource-loaded plans/schedules, correspondence and all authorization memoranda are quality records and must be retained in accordance with applicable retention schedules. (Contact your records manager or IM-9, 7-5330 for guidance.) The official record will be on file with the COMPASS Project Manager and a copy will be retained by the RLM.

Any records generated in the implementation of this resumption process may contain privileged information and thus requires special markings – such as the following statement in the footer section of the documents:

"Privileged Information – May Not Be Subject to Disclosure Under FOIA or CPRA or Other Unauthorized Use"

ATTACHMENT 1

Determination of Institutional Risk

The following are general characteristics and examples of activities for the purpose of determining risk-level. These characteristics and examples are not all-inclusive. Line managers are expected to use their professional judgment in the good-faith application of this guidance in assessing the risk of activities for which they are responsible.

Notes:

- Handling of accountable classified removable electronic media (CREM) is addressed in a separate resumption process, DI 04-009, Resumption Process Accountable CREM.
- "Level 0" denotes an activity has been identified as essential and does not reflect assignment of risk-level. Those activities identified as essential must also be categorized with an appropriate risk-level and must be evaluated in accordance with the requirements of the resumption process.

Risk-Level 1

Risk-level 1 activities include those associated with institutional, facility, and programmatic projects, or processes presenting little or nominal risk to assuring the safety and protection of the public, worker, collocated worker, the environment, facilities and programmatic equipment, as well as the protection of national security information.

Characteristics:

- The work is of relatively low complexity.
- Unmitigated consequence of failure (human or machine) is minimal in terms of safety, security, and compliance.
- Off-site consequences and reportable occurrences are extremely unlikely to result from this work.
- The work does not involve classified matter, does not use hazardous chemicals (other than commercial office products), nuclear materials, or high explosives, does not involve ionizing radiation other than low-level sealed sources, and is not governed by a Documented Safety Analysis (DSA).
- The work does not require the use of hoists, cranes, forklifts, or heavy equipment.
- Most work of this type does not require an IWD as defined in Notice 142, *Integrated Work Management Interim Process*, 4/27/04 (or, when issued and implemented, IMP 300-00-00, *Integrated Work Management for Work Activities*).

Examples of such projects, processes, and activities include:

- Use of government vehicles for transportation of personnel and non-hazardous materials (e.g., mail, routine deliveries, etc.), and ordinary lifting;
- General unclassified administrative and office work, including computer use and filing;
- Information management of unclassified data and documents;
- Normal use of household appliances (e.g., coffee makers, microwaves, etc.);
- Activities not requiring hands-on work (e.g., visual inspections not involving or affecting safety bases, log taking, etc.);
- Use of a dolly or hand-truck to move non-hazardous materials;
- Low-risk preventive maintenance and waste management activities;
- Facility engineering walk-downs in low-hazard areas;
- Custodial operations in low-hazard areas;
- Training not involving hazardous materials or activities;
- Emergency and security drills for low-hazard facilities and office buildings;
- Handling and management of low-level, sealed, radioactive sources (for example, low-level instrument check sources);
- Facility systems operations/manipulations (i.e. damper and fan configuration, etc.) that do not have the potential to impact safety;
- Discussing and reading of classified material are allowed under risk-level 1, as long as accountable CREM is not handled, generated, or used.

Risk-Level 2

Risk-level 2 activities include those associated with institutional, facility, and programmatic projects, or processes presenting a moderate level of risk to assuring the safety and protection of the worker, collocated worker, the environment, facilities and programmatic equipment, as well as the protection of national security information.

Characteristics:

- The work is of moderate complexity.
- The unmitigated consequence of failure (human or machine) for this work is moderate with respect to safety, security or compliance.
- Off-site consequences and reportable occurrences are unlikely to result from this work.
- The work may involve the use of classified matter (including non-accountable CREM).
- The work involves hazardous chemicals, nuclear materials, high explosives, or ionizing radiation at levels that could result in minor worker injury.
- The work involves common industrial hazards (e.g., machine shops, constructions work/projects, working at heights, etc.).
- If hazardous materials are required, an active hazardous waste profile is complete.

- The work always requires an IWD as defined in Notice 142, *Integrated Work Management Interim Process*, 4/27/04 (or, when issued and implemented, IMP 300-00-00, *Integrated Work Management for Work Activities*).

Examples of such projects, processes, and activities include:

- Small-scale experimental laboratory work;
- Activities utilizing small radioactive sources for which a Radiation Work Permit (RWP) is required;
- All active construction projects (require IWDs);
- Operations Center duties that do not impact nuclear and higher-hazard non-nuclear facilities;
- Operation of heavy equipment (forklifts, cranes, tractor-trailers, etc.);
- Emergency and security drills and response for nuclear facilities and moderate- and high-hazard non-nuclear facilities;
- Facility systems operations/manipulations (i.e. damper and fan configuration, etc.) that have the potential to impact safety but are not associated with nuclear or higher-hazard non-nuclear facilities;
- Classified computing using KVM or thin clients (no accountable CREM handling, generation, or use);
- Reading, generating and general work involving classified material (no accountable CREM handling, generation, or use)
- Resumption process readiness assessments are considered essential activities;
- Administrative and office work involving classified materials (excluding accountable CREM);

Risk-Level 3

Risk-level 3 activities include those associated with institutional, facility, and programmatic projects, or processes presenting a high level of risk to assuring the safety and protection of the public, worker, collocated worker, the environment, facilities and programmatic equipment, as well as the protection of national security information.

Characteristics:

- The unmitigated consequence of failure (human, administrative or machine [single engineered control or easily bypassed design feature] controls) for this work will be high with respect to safety, security, or compliance.
- Off-site consequences and reportable occurrences could result from this work.
- The work involves the use of hazardous chemicals, nuclear materials, high explosives, bio-agents/toxins, highly energetic sources (e.g., pressure, electrical) or ionizing radiation at levels that could cause serious worker injuries.
- Complex work that is governed by a Documented Safety Analysis (DSA).
- The work requires a complex set of controls to effectively mitigate hazards.

- Routine execution of the work in a safe, secure, and compliant manner requires a high-reliability organization.
- Activities requiring NNSA acceptance of risk.

Examples of such projects, processes, and activities include:

- Activities associated with ensuring compliance with 10 CFR 830, Authorization Agreements and institutional requirements in Nuclear Hazard Categories 2 and 3 facilities (i.e. safety basis operations, surveillances, engineering and maintenance);
- Risk-level 2 activities that involve a combination of crafts and/or two or more work organizations, requiring significant sequencing, coordination, integration, or verification of their respective activities to complete work where consequences could be high (for example, decontamination and decommissioning activities involving the responsible line organization, support organizations, and one or more KSL crafts);
- Activities that are non-routine, infrequently performed (less than once per year), or have never been performed and are expected to introduce hazards that could result in serious injury, environmental impact, or security incident (i.e. nuclear experimentation and operations);
- Activities that provide a high potential for significant internal or external exposure of workers to highly toxic, carcinogenic, or radiological materials;
- Activities that involve multiple hazards requiring coordination of controls and PPE, including intra-organizational hazards (e.g., spark or flame producing operations such as welding or cutting torch operations in the presence of chemical or radiological hazards);
- Activities where there is a potential for rapidly changing work area conditions related to environmental hazards, security interests, radiological contamination, chemical exposure, system configuration, energy sources, and other conditions such as temperature, pressure, noise, and visibility;
- Higher risk non-nuclear or nuclear activities not covered by a NNSA approved AB
- Discovered Major Modifications to Nuclear Hazard Categories 2 and 3 facilities where a PDSA was not submitted to NNSA
- Activities where single failure represents a high level of risk
- Nuclear Hazard Categories 2 and 3 facilities where maintenance backlog affects operability of critical safety systems/equipment
- Operations with interim AB pending NNSA approval of upgraded safety basis
- Credible combination of risk-level 2 activities that individually may only pose a moderate risk, but collectively, could represent a high level of risk
- Activities or operations where there are indications of a malfunctioning USQ process

ATTACHMENT 2

Startup Notification Reports and MSA/LRR Groups

Startup Notification Reports will be prepared by the responsible line manager as shown in the example within this attachment and submitted to the RRB. Similar activities within a given risk category (risk-level 2 or 3) are grouped for the purpose of conducting management self-assessments and Laboratory Readiness Assessments in an efficient, effective, and timely manner. The Startup Notification Report must identify the activity groups as approved by the SET. Upon their concurrence, the RRB will route the SNR to NNSA for approval.

Once the SNR has been approved by the NNSA, any changes to the SNR—including changes in activity groups—must utilize the change control process form included in this attachment.

Startup Notification Reporting (SNR) Assessment
Change Control Form

Date: _____

Resumption Risk-level: 2 or 3 (circle one)

Submit to the Resumption Review Board (RRB) for SNR change control action.

Proposed SNR assessment change (attach modified SNR):
Justification for change:
Resumption Review Board: Concur _____   Non-concur _____ RRB Member: _____   RRB Member: _____ (Signature/Z#)   (Signature/Z#)
Comments: Route non-concurrence to Line Management

Form 2091 *(Resumption Process Use Only)*

STARTUP NOTIFICATION REPORT (SNR)

DATE: (MM/DD/YY**)   ORGANIZATION: LANL/(Organization) POINT OF CONTACT:** _____

TELEPHONE NUMBER: _____   **TELEFAX NUMBER:** _____   **EMAIL ADDRESS:**
_____

NUMBER	TITLE AND CATEGORY OF FACILITY OR ACTIVITY TO BE REVIEWED	TYPE OF REVIEW	AUTHORIZATION AUTHORITY	TARGETED DATE FOR REVIEW TO BEGIN		PROGRAM OWNER	LASO Recommendation to Authorization Authority	Approved by Authorization Authority or LASO
				LABORATORY	DOE			
LANL NN/04	**Restart of (**fill in activity description**), a Risk-level 2 Activity**	MSA	**LANL Director**	MM/DD/YY		**AD/Line Manager Name**		

Description of facility or activity: This Management Self Assessment (MSA) is one of those determined to be required for resumption of Laboratory Risk-level 2 or 3 activities pursuant to the Director's stand down order of July 16, 2004. The Associate Director has specified the following activities be included in this MSA: (**Type the list, labeled with the associated LANL group**)
Justification for this level review: The MSA level has been jointly agreed to by the Director and the Manager, NNSA LASO. A generic POA for resumption activities has been developed that will be tailored to the specific activities listed in the "description" block above. The POA contains a checklist (in the form of a set of CRADs) addressing the detailed criteria and review approach. The MSA will address Core Requirements (CR) 1 through 15, with particular emphasis on CR 1, 2, 4, 7, 13, 14, and 15. The following functional areas will be addressed through use of the CRADs: 1. Management Competency; 2. People/Behaviors; 3. Integrated Safety Management (IWD portion); 4. Training/Qualifications; 5. Safeguards and Security; 6. Environmental Protection; 7. Tools (equipment, infrastructure, and facilities; 8. Authorization Basis. The first three of these will be heavily emphasized.
Program driver: Resumption of Laboratory programs and activities must be authorized before operations can take place.
Reason for the review: To assure the director that LANL operations can resume in a safe, secure and compliant manner.

Form 2092 *(For Resumption Process Use Only)*

ATTACHMENT 3

Resumption Review Board Charter

1.0 Mission and Purpose	The Resumption Review Board (RRB) provides guidance and oversight for the process defined in the *Resumption Process Plan of Action for Risk-Level 2 & 3 Activities*.
2.0 Membership	The Resumption Review Board Chair is appointed by memorandum by the Laboratory Director. Members of the Board are selected by the Chair with the concurrence of the Laboratory Director.

3.0 General Responsibilities

- Work in a deliberate, systematic manner to assure consistency and due diligence in review activities.
- Review the scope of level 2/3 MSA groupings, described in Startup Notification Reports (SNRs), for sufficiency and consistency.
- Track groupings to ensure all activities are covered.
- Utilize a formal, criteria-driven review of the MSA/LRR process and results to:
  - ensure sufficiency, consistency of findings and corrective actions,
  - identify institutional issues and trends,
  - advise the Laboratory Director and the Senior Executive Team of those issues and trends as appropriate,
  - ensure that findings from each MSA/LRR are tracked, and
  - debrief responsible line managers and MSA team leaders to determine the integrity of the resumption process.
- Provide status reports to the Director, the SET, and NNSA through the PS Division Leader.
- Based on the oversight and formal review of the assessment activities for each SNR, provide recommendations to the Startup Authority for resumption.

3.1 Chair or Alternate

- Chair all RRB meetings
- Assign action items to Board members as appropriate
- Interact with line management to resolve resumption issues as necessary to ensure an efficient resumption process
- Forward RRB recommendations to the Laboratory Director as appropriate
- Assure a controlled, deliberate approach to RRB activities to ensure that the requisite evaluation criteria are properly used
- Sign documentation as appropriate based on RRB members review and recommendations

3.2 Board members or designees	- Attend RRB meetings - Provide input into the RRB Chair for consideration. - Review resumption process materials, such as MSA and LRR reports, in a timely manner, providing written comments or recommendations as necessary - Provide subject matter expertise
3.3 Resumption Activity Line Organizations	- Submit requests for agenda items to the RRB administrator using Appendix A - Ensure timely action on Action Items requested by the RRB in order to assist with LANL resumption in an expedited manner - Attend RRB meetings as requested to present assessment results and to answer RRB questions - AD/DLs to provide objective evidence to the RRB when their MSA process has determined that a specific restart activity, represented by an SNR, has met all the criteria for restart
3.4 RRB Administrator	- Determine and administer protocol for compiling the agenda, distributing materials in advance, and other requirements to ensure efficient RRB meetings - Attend RRB meetings and record minutes - Maintain records, including change requests, minutes, approvals, and official copies of the RRB controlled documents - Setup record and filing systems to ensure proof files are maintained for recording keeping purposes

4.0 Meeting Requirements

4.1 RRB Meetings & Frequency	The RRB will meet formally at a time frequency determined by the Board in a conference room dedicated for these meetings. As necessary, the RRB members will continue to hold working meetings and conferences in the same location throughout the day. RRB members will use these working meetings to review objective evidence, MSA, and LRR reports and other resumption related material. RRB members may make field trips to line organizations in conjunction with their reviews. Additional reviews of MSAs, LRRs, corrective actions, findings, issues, SNRs, and any other resumption related activity may be scheduled and reviewed with RRB members as necessary.

4.2 Scope of Agenda Items

Agenda items to be addressed by the RRB include, but are not limited to, the following:

- Level 2 and 3 assessment grouping and change requests based on guidance in Attachment 2
- Startup Notification Report (SNR) forms developed for each MSA grouping (see Attachment 2)
- Review and concur with Memoranda to Proceed
- Requests to schedule a LRR
- Significant identified deficiencies or issues
- Status of findings and other requested resumption activities
- MSA and LRR reports for review

4.3 Records

The RRB administrator keeps the following records:

- Meeting agenda
- Meeting attendance list
- Requests for RRB Consideration (Appendix A)
- Meeting minutes
- Proof File for each SNR, including
  - SNR
  - MSA report
  - LRR report, if applicable
  - RRB review criteria checklist and documentation
  - Other documentation pertinent to an SNR.
- RRB recommendations forwarded to Laboratory Director/SET

Appendix A
Request for RRB Agenda Item for Consideration

Requesting Individual(s)   _____

Requestor's Organization   _____

Description of Request (be specific)

Reasons for Request or Change

Supporting Documentation (list and attach to request)

Requestor Signature   _____

Organization Manager   _____

RRB Actions Taken

    Approved   **_____**

Or

Further Actions Needed (if applicable)

RRB Chairman Signature   _____

Form 2093 *(Resumption Process Use Only)*

ATTACHMENT 4
Core Requirements to Functional Areas Matrix

Directors Functional Areas (see below)

	1	2	3	4	5	6	7	8
1	1.01- 1.08	2.02 - 2.04	3.01- 3.06	4.01 - 4.06	5.01, 5.03, 5.04, 5.05, 5.07	6.01 - 6.06	7.01 - 7.08	8.01 - 8.07
2	1.02, 1.04, 1.07	2.01 - 2.03			5.06			
3	1.01, 1.03, 1.08	2.01, 2.04		4.01 - 4.06	5.02			8.01
4	1.01, 103	2.01, 2.04		4.01 - 4.06	5.02, 5.03, 5.08			8.01
5	1.08			4.01 - 4.06	5.02, 5.04		7.07	8.01, 8.07
6	1.06 - 1.08	2.01		4.01 - 4.06				
7	1.01, 1.07, 1.08	2.01, 2.04	3.02 - 3.06	4.02			7.01 - 7.08	8.02, 8.03, 8.05, 8.06, 8.07
8	1.08	2.04	3.02 - 3.06	4.02			7.01 - 7.08	8.02, 8.03, 8.04, 8.06
9	1.08	2.04		4.02		6.01 - 6.06	7.02, 7.04, 7.07	8.02, 8.05, 8.06, 8.07
10	1.08		3.02 - 3.06	4.02				8.03
11	1.08			4.02				
12	1.08					6.06		
13	1.04 - 1.06	2.02, 2.04	3.01, 3.05, 3.06	4.01 - 4.06		6.01 - 6.06	7.01, 7.02, 7.07	8.01 - 8.07
14	1.01, 1.03, 1.06, 1.07, 1.08	2.04	3.01- 3.06	4.01 - 4.06	5.01 - 5.08	6.01 - 6.06	7.01 - 7.08	8.01 - 8.07
15	1.02, 1.05	2.02	3.06	4.02	5.04, 5.05	6.01, 6.02, 6.06		8.07

(Left axis label: Core Requirements for LIR 300-00-08, Startup/Restart of Laboratory Facilities/ Activities)

Directors Functional Areas:

1. Management Competency

2. People/Behaviors

3. Integrated Safety Management (IWD portion)

4. Training/Qualifications

5. Safeguards and Security

6. Environmental Protection

7. Tools (equipment, infrastructure, and facilities)

8. Authorization Basis

Shaded Area requires areas of oversight of NNSA/LASO team member.

ATTACHMENT 5

Criteria Review and Approach Documents (CRADs)
for Level 2 & 3 Activities

The attached set of CRADs formatted as Form 1s constitute the checklist to be used for the assessment. Each Form 1 will be completed in detail, resulting in an unambiguous and auditable document with respect to the identified criterion.

Assessment Date:	SNR Number:	Assessment Grouping Responsible Line Manager: Z #:	Team Leader: Z #:
Team Members with Z #s:			
Description of activities to be assessed:			

Form 2094 *(CRAD cover page – Resumption Process Use Only)*

Form 1 instructions/guidance:
1. Justification for use of "N/A" within any field of Form 1– If N/A is utilized a detailed justification must be provided immediately following the N/A.
2. For laboratory tracking purposes, the "Associated SNR #" block must be filled in.
3. The italicized material contained in the Form 1 is suggested information/ideas. For example:
   a. "*IWD*" is mentioned under "Records and Documents Reviewed", upon completion of the assessment the italicized *IWD* should be replaced with the existing IWD(s) that was reviewed.
   b. "*Line Manager*" would be replaced by "ABC Group Leader, DEF Division Leader)".

4. The template Form 1s will automatically maintain a page numbering/tracking system.
5. "Discussion of Results" – the detailed information provided here will be the foundation for the unambiguous and auditable data that supports your decision on meeting, or not meeting, the established criteria. Detailed information will assist management in the determination of adequate criteria resolution.
6. Recording issues identified during an assessment:

   Issues: A matter of concern identified during the course of the assessment that should be noted and followed up to determine if any action is merited based on the evaluation if it violates any requirements or regulations. These issues are evaluated and identified as findings, substantive observations, or observations per the definitions contained in this section.

   Finding: A violation of requirements. Findings are further classified as to Pre-start and Post-start Findings.

   Substantive Observation: Those observations that involve fundamental deviations from expectations at the work unit, leader, and/or organizational process levels and, when corrected, are expected to result in marked improvement in performance. Note that a substantive observation cannot be written when there is a non-compliance with a requirement.

   Observation: An item that does not violate requirements but inhibits the organization from meeting performance expectations, goals, and objectives.

   Noteworthy Practice: A positive condition that is well beyond normal performance expectations or standard practices and is worthy of commendation and communication to others as a good example.

7. Determining if the criteria were met:

   In determining if the criteria were met, the assessor must consider if the intent of the applicable regulations and/or requirements has been addressed. Therefore, if findings are identified, it usually means that the "met criteria" is a "No."

   Yes – in the opinion of the assessor the criteria has been satisfactorily met. The information included in the "Discussion" section of the CRADs will support the determination.

   No – in the opinion of the assessor, and the Assessment Team Leader, the criteria have not been satisfactorily met. The information included in the "Discussion" section of the CRADs and identified findings or substantive observations will support the determination.

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 1 (Functional Area) Management Competency	Dates of Review:	Associated SNR #:

Objective: Competence of Line Managers and Supervisors in safety, security, and compliance with requirements to effectively manage personnel, processes, and procedures.

Criteria: 1.01 Managers ensure that workers are competent to perform work in a safe, secure and compliant manner.

Requirement Documents
LIR300-00-04, Laboratory Training: Essential Requirements
LIR230-03-02, Maintenance Skill of Craft
LPR406-00-00, ISSM
LA-UR 98-2837, ISM Description Document
OST 300.00.06, Safety Basis Handbook
Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented
NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how managers are ensuring worker competency to perform work in a safe, secure and compliant manner.
1) Management involvement in selection of employees
2) Identification of training requirements in worker training plan.
3) Periodic verification of the completed training requirements
4) Discuss how line management observes activities of the workforce to ensure expectation on performance are met.
5) Discuss methodology for the selection of employees.
6). Discuss how the division/facility ensures core technical competencies are recognized and maintained in relation to Lab/division/facility mission.
7) Discuss division/facility process used to attain and maintain technical competency of workers commensurate with responsibilities.
8) How is technical competency determined prior to assigning responsibilities to workers?
9) How do you mentor subordinates and workers?
10) Does your division/facility have a succession planning process?

Records & other documents reviewed:
IWDs
Operating/Administrative Procedures
Work Instructions
Review a sampling of Training Plans to ensure that they exist and are current.
Staffing Reviews
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

<u>Discussion of Results</u>:

<u>Criteria Met</u>:   __ Yes   __ No

<u>Noteworthy Practices</u>:

<u>Observations</u>:

<u>Substantive Observations:</u>

<u>Findings</u>:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 1 (Functional Area) Management Competency	Dates of Review:	Associated SNR #:

Objective: Competence of Line Managers and Supervisors in safety, security, and compliance with requirements to effectively manage personnel, processes, and procedures.

Criteria: 1.02 Managers take actions to address employee performance utilizing the performance management system.

Requirement Documents
AM 109, Performance Management
AM 120, Personnel Records
NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how the manager addresses employee performance. 1) How are personnel held accountable for safety, security, and compliance?
2) Does the Job Content of your overall relative contribution include expectations of you in terms of safety, security or compliance?
3) In your last Performance Appraisal, were you evaluated on your performance in areas of safety, security and compliance?
4) Discuss how manager effectively resolves conflicts.
5) Provide an example of conflict resolution activity.
6) How does your manager [or if manager, how do you as a manager] assure that safety, security and compliance expectations are included in the group's/division's personnel performance and salary management process?
7) How is non-compliance issues dealt with?
8) How does management encourage workers to report non-compliances?
9) What key indicators of worker and operating performance, and lessons learned are used to revise training programs to ensure workers are meeting established performance and safety goals?
10) What process do you use and follow to resolve performance issues/deficiencies with personnel?
11) What processes are used in this organization to assure that expectations of personnel in the areas of safety, security and compliance are consistently and continually evaluated?

Records & other documents reviewed:
Organizational Policy
Review the previous summary analysis of 2003 or earlier statistics [not by individual but by management unit] form the Performance and Salary Management Process [group and/or Division levels].
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: ___ Yes ___ No

<u>Noteworthy Practices</u>:

<u>Observations</u>:

<u>Substantive Observations:</u>

<u>Findings</u>:
Finding 1: Pre-start ❐   Post-start ❐   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____	**Approved by:** _____
Team Member (Signature / Z#)	Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 1 (Functional Area) Management Competency	Dates of Review:	Associated SNR #:

Objective: Competence of Line Managers and Supervisors in safety, security, and compliance with requirements to effectively manage personnel, processes, and procedures.

Criteria: 1.03 Managers have the appropriate level of experience and meet knowledge and training requirements.

Requirement Documents
LIR300-00-04 Laboratory Training: Essential Requirements
LIR230-03-02 Maintenance Skill of Craft
LIR280-01-01, Facility Management Training and Qualification Program
LA-UR 98-2837, ISM Description Document
NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how the division/facility determines the appropriate level of experience, knowledge, and training requirements for managers. Each question must be verbalized during one or more of the interviews:
1) How does management determine qualification of their managers?
2) Identification of training requirements in manager training plan.
3) Periodic verification of the completed training requirements.
4) Which management positions require qualifications? Are new managers assigned qualification cards before they are assigned duties?
5) How is competency determined prior to assigning managers responsibilities?
6) Do training plans ensure training for facility specific topics such as:
   - understanding of facility operations, including status of processes and equipment
   - Authorization Basis
   - Organization structure and policies
   - Quality Assurance
   - Corrective Action Management
7). Discuss how the division/facility ensures core competencies are recognized and maintained in relation to Lab/division/facility mission.
8) Discuss division/facility process used to attain and maintain competency of workers commensurate with responsibilities.
9) How is competency determined prior to assigning responsibilities to workers?
10) What training or process is provided to managers to assist them in establishing priorities to satisfy multiple requirements/tasks?

Records & other documents reviewed:
Review a sampling of Training Plans.
Training Records/Qualification Cards
Organizational Policy

Job Descriptions/Scope of Work
Individual Performance Objectives
JTAs
Staffing Reviews
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: ___ Yes ___ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❐   Post-start ❐   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 1 (Functional Area) Management Competency	Dates of Review:	Associated SNR #:

Objective: Competence of Line Managers and Supervisors in safety, security, and compliance with requirements to effectively manage personnel, process, and procedures.

Criteria: 1.04 Clear and unambiguous lines of authority and responsibility for ensuring safety, security, and compliance are established and maintained.

Requirement Documents
LAUR-98-2837, Rev 4, ISM Description Document
LPR406-00-00, ISSM
Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented)
NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how the division/facility ensures clear and unambiguous lines of authority and responsibility for ensuring safety, security, and compliance. Each question must be verbalized during one or more of the interviews:
1) Describe the division/facility program/process for identifying functions, responsibilities, and authorities.
2) Discuss how managers understand their roles, responsibilities, and authorities.
3) Discuss how managers ensure expectations, roles, responsibilities, and authorities are clearly defined.
4) Discuss how managers and workers understand the role of and communication with their DOE/NNSA counterparts.
5) Discuss how stop work responsibilities and authorities are delineated and communicated.
6) Has the division/facility evaluated appropriate span of control for organizations, projects and activities.
7) Are authorities articulated well in facility level documents?
8) How do you establish priorities for multiple requirements and tasks?

Records & other documents reviewed:
Sample objective evidence that identifies roles, responsibilities, lines of authority (e.g., division/facility policies, job descriptions, organization chart).
Operating/Administrative Procedures
IWDs
Work Instructions
FTAs
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____	**Approved by:** _____
Team Member (Signature / Z#)	Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 1 (Functional Area) Management Competency	Dates of Review:	Associated SNR #:

Objective: Competence of Line Managers and Supervisors in safety, security, and compliance with requirements to effectively manage personnel, process, and procedures.

Criteria: 1.05 Management proactively uses feedback and lessons learned to achieve continuous process improvement.

Requirement Documents
LIR307-01-01 Management Assessment Program
LIR307-01-03 Management Safety Walk-Arounds
LIR307-01-04 Safety Concern Program
LIR307-01-05 Issues Management Program
LA-UR 98-2837, ISM Description Document
NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how the division/facility ensures effective use of feedback and lessons learned to achieve continuous process improvement. Each question must be verbalized during one or more of the interviews:
1) Are procedures and/or mechanisms in place to examine the findings of internal and external assessments to identify root causes, trends, and necessary corrective actions, including processes for tracking, trending, and correcting conditions adverse to quality?
2) What changes would you incorporate into your MWA management assessments to assist in your resumption of activities to ensure continued safe, secure, and compliant operations?
3) Are trends, lessons learned, and systemic problems routinely identified and analyzed? Are the results reviewed with responsible management for appropriate improvement initiatives? Are issues identified and reported to responsible management for corrective action?
4) Are lessons from operating experience within and outside the organization developed and communicated for use in work planning and performance?
5) Do committee meetings (e.g., safety committees, lessons-learned committees, etc.) provide effective feedback? Are committees reviewing performance, analyzing data for lessons learned, and assigning action items for improvement?
6) Are both internally and externally generated lessons learned reviewed for applicability, and are corrective/preventive actions developed and implemented?
7) Are lessons learned, including near-miss information and post-job reviews, consistently and appropriately incorporated into subsequent training and work documents, as well as the work control process?
8) What division/facility assessment activities are conducted to evaluate work activities and functional areas to improve and correct performance for process improvement?
9) What periodic independent assessments are being performed to evaluate performance assurance effectiveness and identify process improvements?
10) Which institutional audits in the past year affect your Division, and how many of the corrective actions have you completed?

11) What past problem investigations hav done well in solving problems? What investigation have not done well? Why?
12) Are your corrective actions tracked to completion and are they typically effective?

Records & other documents reviewed:
Objective evidence of feedback/Lessons Learned process
IWDs
Operating/Administrative Procedures
Work Instructions
ORPS critiques/summaries
Continuing training material
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met:　　　__ **Yes**　　　__ **No**

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❒　　　Post-start ❒　 Finding Identifier # `SNR#-Criteria #-1`

| Assessed by: _____ | Approved by: _____ |
| Team Member (Signature / Z#) | Team Leader (Signature / Z#) |

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 1 (Functional Area) Management Competency	Dates of Review:	Associated SNR #:

Objective: Competence of Line Managers and Supervisors in safety, security, and compliance with requirements to effectively manage personnel, process, and procedures.

Criteria: 1.06 A formal project management (programmatic, facilities, and construction) process is utilized to determine budget and other resources necessary to complete the assigned scope of work on schedule while ensuring compliance with security, safety, and environmental requirements.

Requirement Documents
LIR210-01-01 Site and Project Planning
LIR220-01-01 Construction Project Management
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how a formal project management process is utilized at the division/facility to determine budget and other resources necessary to complete the assigned scope of work on schedule while ensuring compliance with security, safety, and environmental requirements. Each question must be verbalized during one or more of the interviews:
1) What is the management process utilized to determine budget and other resources necessary to complete the assigned scope of work on schedule while ensuring compliance with security, safety, and environmental requirements communicated?
2) How are priorities assigned to the different projects?
3) How do you measure the effectiveness of the process?
4) Who approves the scope of projects and how are changes to scope controlled?. Is there a formal documented process?
Records & other documents reviewed:
Objective evidence of the project management plans and processes (e.g., schedules, progress reports, earned value reports)
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE
Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ☐   Post-start ☐ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 1 (Functional Area) Management Competency	Dates of Review:	Associated SNR #:

Objective: Competence of Line Managers and Supervisors in safety, security, and compliance with requirements to effectively manage personnel, process, and procedures.

Criteria: 1.07 Formal owner/tenant and service agreements exist and contain expectations, roles, and responsibilities for services provided and operational expectations.

Requirement Documents
LIR300-00-03, Laboratory Institutional Operations Program
LIR280-02-01, Institutional Facility Management: Responsible Division Leader-Facility Manager
NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):
Tenant Line Manager, Service Provider, Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how formal owner tenant agreements are developed and approved. Each question must be verbalized during one or more of the interviews:
1) What process is used to develop tenant and service agreements?
2) How are tenant and service agreements enforced and what are their responsibilities and accountabilities?
3) Which institutional document(s) defines lines of authority, responsibilities, and accountabilities between organizations (i.e. who is in charge of a facility)?
Records & other documents reviewed:
Review the following documents to ensure compliance with laboratory requirements:
FTAs
CSAs
MOUs
ABs (as applicable per the identified agreement)
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability.*
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:

Findings:
Finding 1: Pre-start ❏   Post-start ❏   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 1 (Functional Area) Management Competency	Dates of Review:	Associated SNR #:

Objective: Competence of Line Managers and Supervisors in safety, security, and compliance with requirements to effectively manage personnel, process, and procedures.

Criteria: 1.08 Formal management programs, processes, associated equipment, infrastructure, and facilities are in place and utilized to ensure safe accomplishment of work in accordance with DOE requirements and Appendix G of the Laboratory contract.

Requirement Documents
LIR307-01-01, Management Assessment Program
LIR307-01-03, Management Safety Walk-Arounds
LIR308-00-02, Laboratory Records Management
LIR230-04-01, Laboratory Maintenance Management Program
LIR230-05-01, Operations and Maintenance Manual
LIR300-00-06, Nuclear Facility Safety Basis
LIR300-00-07, Nonnuclear Facility Safety Basis
LIR402-100-02, Hazardous Waste Operations and Emergency Response Training Requirements
LIR403-00-01, Los Alamos National Laboratory Emergency Management
LIR300-00-08, Startup/Restart of Laboratory Facilities/Activities
LA-UR 98-2837, ISM Description Document
Notice 139, Notification & ISM Based Investigation of Safety Events at LANL
LIR402-130-01, Abnormal Events
DOE Order 5480.19, Conduct of Operations
University of California Prime Contract Appendix G
NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the formal management programs, processes utilized to ensure safe accomplish of work at the division/facility. Each question must be verbalized during one or more of the interviews:
1) Discuss assessment program being used to conduct reviews and audits.
2) Discuss processes being used to implement TSR/OSR surveillance requirements relating to test, calibration, or inspection necessary to ensure the operability and quality of safety-related systems and components.
3) Discuss program established for the development, approval, revision, review, issuance, and cancellation of procedures, postings, and limits to provide guidance and control of processes and operations.
4) Discuss the formal drill and exercise program that has been established to validate all elements of an emergency management program.
5) Discuss startup/restart protocol required to validate processes (equipment, procedures, and operations personnel) and additional oversight required during the critical period after startup/restart is authorized.

6) Discuss processes used to control copies of all operating procedures, including maintenance and accessibility to the procedure user and supervisor.
7) Discuss how working copies are controlled and made available for use during procedure execution, when required.
8) Discuss how written facility procedures and/or processes are used to ensure that surveillance requirements (inspections, tests, calibrations and/or maintenance) on safety SSCs are completed in accordance with TSR/OSR requirements.
9) Discuss division/facility process for event reporting and investigation.

Records & other documents reviewed:
Objective evidence of previous reviews and audits
Objective evidence of previous restart plans
Review Operating/Administrative Procedures to ensure compliance with division/facility process
Objective evidence of emergency drill and/or exercise program
AB Implementation Documents
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Observe activities for which an IWD is required*

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❏   Post-start ❏   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 2 (Functional Area) People/Behavior	Dates of Review:	Associated SNR #:

Objective: Personnel proactively identify and resolve safety, security and compliance issues and demonstrate a commitment to fulfilling his or her responsibilities.

Criteria: 2.01 Workers demonstrate detailed knowledge and understanding of their operations, including status of processes and equipment, roles, responsibilities, and authorities.

Requirement Documents
INPO Excellence in Human Performance
LA-UR 98-2837, ISM Description Document
DOE Order 5480.19, Conduct of Operations for DOE Facilities
NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers

Request interviewees to provide an overview/description of how workers are provided training in the knowledge and understanding of their operations including status of processes and equipment, roles, responsibilities, and authorities. Each question must be verbalized during one or more of the interviews:

1) How is management involved in the worker training process?
2) What type of training is provided to workers?
3) How do workers know the status of processes and equipment?
4) What are your responsibilities for safety, security, and compliance?
5) Is worker involvement in the IWD process adequate and mandated?
6) How do you promote team work, improve safety culture, and enhance work interfaces?
7) What process is used to stop or pause work, and how is work restarted? Is there a procedure for this process.

Records & other documents reviewed:
Job descriptions
Worker training program descriptions
Worker training plans
IPO's
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:

Finding 1: Pre-start ❏   Post-start ❏   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 2 (Functional Area) People/Behavior	Dates of Review:	Associated SNR #:

Objective: Personnel proactively identify and resolve safety, security and compliance issues and demonstrate a commitment to fulfilling his or her responsibilities.

Criteria: 2.02 Employees (including managers) openly communicate their workplace issues and concerns promptly upon discovery, free of intimidation, harassment, discrimination, reprimand, or reprisal.

Requirement Documents
INPO Excellence in Human Performance
AM 111, Complaint Resolution
LIR401-10-01, Stop Work and Restart
LIR307-01-01, Management Assessment Program
LIR307-01-03, Management Safety Walk-Arounds
LIR307-01-04, Safety Concern Program
LIR307-01-05, Issues Management Program
LA-UR 98-2837, ISM Description Document
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how management communicates with workers to identify workplace issues and concerns promptly upon discovery, free of intimidation, harassment, discrimination, reprimand, or reprisal. Each question must be verbalized during one or more of the interviews:
1) How does information from management get to workers?
2) How do workers get information to management?
3) How are personnel empowered and encouraged to raise safety issues and to take appropriate action in response to hazards encountered during work activities or emergencies?
4) What guidance is provided to workers relative to management notification of abnormal events?
5) What is your sense of the group-dynamics?
6) Show the last three employee suggestions to improve ESH, or employee concerns. How were they dispositioned?
7) Provide examples of deficiencies observed in work performance and where corrective actions worked well and why? Counter example?

Records & other documents reviewed:
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: __ Yes   __ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❐   Post-start ❐   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____	Approved by: _____
Team Member (Signature / Z#)	Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 2 (Functional Area) People/Behavior	Dates of Review:	Associated SNR #:

Objective: Personnel proactively identify and resolve safety, security and compliance issues and demonstrate a commitment to fulfilling his or her responsibilities.

Criteria: 2.03 Employees demonstrate pride and commitment to fulfilling his/her responsibilities.

Requirement Documents
INPO Excellence in Human Performance
LANL Professional Code of Ethics
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how management is instilling pride and commitment in their workers in fulfilling his or her responsibilities. Each question must be verbalized during one or more of the interviews:
1) What is your understanding of your management's expectations towards intolerance of non-safety, security, and compliance behavior? Are you willing to confront individuals for unacceptable behavior? Have you ever done it? What was the outcome?
2) Discuss your work group's sense of shared fate.
3) How does commitment to quality affect the pride of the group?
4) Attendance at safety, security, and compliance meetings (e.g. lessons learned)
5) Willingness to improve their knowledge, skills, and ability (KSA)
6) Conduct activities in a professional and ethical manner
7) Contribute to a positive work environment through a positive attitude/outlook
8) Identify solutions to issues, instead of just identifying problems
9) Willingness to change in order to enhance safety, security and compliance
10) Willingness to implement additional (new) requirements
Records & other documents reviewed:
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE
Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: __ Yes __ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑ Post-start ❑ Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 2 (Functional Area) People/Behavior	Dates of Review:	Associated SNR #:

Objective: Personnel proactively identify and resolve safety, security and compliance issues and demonstrate a commitment to fulfilling his or her responsibilities

Criteria: 2.04 Workers understand the importance of procedural adherence and how it may impact safety, health, security, the environment, quality, and compliance.

Requirement Documents
DOE Order 5480.19, Conduct of Operations
Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented
LA-UR 98-2837, ISM Description Document
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how management is instilling importance of procedural adherence and how it may impact safety, health, security, the environment, quality, and compliance. Each question must be verbalized during one or more of the interviews:
1) Why is procedure compliance important to the division/facility in ensuring safety, health, security, the environment, quality, and compliance?
2) What guidance on procedural compliance exists at the division/facility level?
3) How are procedures used in the field (e.g., reference, in-hand, step-by-step compliance, etc.)
4) What actions are taken if a procedure cannot be performed as written?

Records & other documents reviewed:
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❒   Post-start ❒ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 3 (Functional Area) Integrated Safety Management (ISM) - IWM Process	Dates of Review:	Associated SNR #:

Objective: The Integrated Work Management Process piece of ISM has been implemented (in accordance with Notice 142) to ensure work is conducted safely, securely and compliantly.

Criteria: 3.01 Management emphasizes the importance of integrating safety, security, and compliance into the performance of work.

Requirement Documents
LAUR-98-2837, Rev 4, ISM Description Document
LPR406-00-00, ISSM
Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs),
Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how management emphasizes the importance of integrating safety, security, and compliance into the performance of work. Each question must be verbalized during one or more of the interviews:
1) How are policies and expectations consistent with ISM philosophy established, communicated, and understood at all level of the organization.
1) Discuss the 5 core functions of ISM and how it relates to the IWM process.
2) How has the IWM process been internalized in division/facility guidance documents and work activities?
3) How are workers involved in the IWM process?
4) Has ES&H been appropriately considered in the prioritization and integration of projects, facility maintenance, construction, and operations?
5) Do project plans serve as an effective management tool to plan, schedule, prioritize, address risk, and monitor project work?
6) Are there adequate processes for integrating and incorporating safety at the facility and activity levels?
7) Do implementing procedures adequately address how ES&H is integrated in various work activities, and how a balance between mission and safety is achieved?
8) Has the listing of unfunded activities for the facilities selected been adequately evaluated and analyzed to ensure that the lack of funding does not have an adverse ES&H effect on workers, the public, or the environment?

Records & other documents reviewed:
Review division/facility documents relative to IWM implementation.
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Observe an IWD work activity from planning to closure.*

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 3 (Functional Area) Integrated Safety Management (ISM) - IWM Process	Dates of Review:	Associated SNR #:

Objective: The Integrated Work Management Process piece of ISM has been implemented (in accordance with Notice 142) to ensure work is conducted safely, securely and compliantly.

Criteria: 3.02 Define the Scope of Work – Work control systems and procedures that address work definition are developed for all types of work activities and are implemented effectively. These systems and procedures ensure that the scope of all work is clearly defined and bounded such that the hazards to workers, the public, and the environment can be identified and controlled.

Requirement Documents
LAUR-98-2837, Rev 4, ISM Description Document
Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented
LIR300-00-03, Laboratory Institutional Operations Program
LIR280-02-01, Institutional Facility Management: Responsible Division Leader-Facility Manager
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how management systems and procedures define the scope of work in their division/facility. Include how these systems and procedures ensure that the scope of all work is clearly defined and bounded such that the hazards to workers, the public, and the environment can be identified and controlled. Each question must be verbalized during one or more of the interviews:
1) Do workers and management understand the criteria in the IWM and IWD process?
2) What process is used to document review of IWD criteria?
3) How are workers involved in defining work scope?
4) Are workers and managers roles & responsibilities for IWM clearly defined in division/facility procedures.
5) How is the Responsible Division Leader (RDL) or his/her formally designated representative who must approve and authorize all work within the facility involved in the development of IWDs?

Records & other documents reviewed:
Review random sampling of IWD packages.
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Observe an IWD work activity.*

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 3 (Functional Area) Integrated Safety Management (ISM) - IWM Process	Dates of Review:	Associated SNR #:

Objective: The Integrated Work Management Process piece of ISM has been implemented (in accordance with Notice 142) to ensure work is conducted safely, securely and compliantly.

Criteria: 3.03 Analyze Hazards – Work systems and procedures are developed and implemented effectively and ensure that hazards for all work are identified and appropriately analyzed, based on the significance of the hazard. Prior to the initiation of work, line management identifies, analyzes, and categorizes the hazards associated with the work activity so that the appropriate administrative and engineering controls can be put in place to prevent or mitigate those hazards.

Requirement Documents
LAUR-98-2837, Rev 4, ISM Description Document
Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented
LIR300-00-03, Laboratory Institutional Operations Program
LIR280-02-01, Institutional Facility Management: Responsible Division Leader-Facility Manager
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how management systems and procedures analyze hazards in their division/facility. Include how these systems and procedures ensure the identification analysis, and categorization of the hazards associated with the work activity so that the appropriate administrative and engineering controls can be put in place to prevent or mitigate those hazards. Each question must be verbalized during one or more of the interviews:
1) How are appropriate workers, supervisors, subject matter experts (SMEs), the PIC, and the facility management point of contact (FM POC) directly involved in identifying tasks/steps and associated hazards and controls.
Records & other documents reviewed:
Review random sampling of IWD packages.
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE
Evolutions/operations witnessed: *Observe an IWD work activity from planning to closure.*
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❏   Post-start ❏ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 3 (Functional Area) Integrated Safety Management (ISM) - IWM Process	Dates of Review:	Associated SNR #:

Objective: The Integrated Work Management Process piece of ISM has been implemented (in accordance with Notice 142) to ensure work is conducted safely, securely and compliantly.

Criteria: 3.04 Develop and Implement Hazard Controls – Management has established processes for identifying and tailoring controls for hazards associated with all facilities, operations, and work activities. Hazard controls are established based on the understanding of the hazards, vulnerabilities, and risks in the work environment (e.g., nuclear, radiological, chemical, industrial, physical, and natural phenomena).

Requirement Documents

LAUR-98-2837, Rev 4, ISM Description Document

Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented

LIR300-00-03, Laboratory Institutional Operations Program

LIR280-02-01, Institutional Facility Management: Responsible Division Leader-Facility Manager

NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):

Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers

Request interviewees to provide an overview/description of how management systems and procedures identifying and tailoring controls associated with all facility and operations work activities. To include the establishment of controls based on the understanding of the hazards, vulnerabilities, and risks in the work environment (e.g., nuclear, radiological, chemical, industrial, physical, and natural phenomena).

Each question must be verbalized during one or more of the interviews:

1) How are tasks/steps identified in sufficient detail to ensure that the work can be accomplished in a single Integrated Work Document (IWD) with all hazards and controls identified?
2) Are field walk-downs of the work activity performed by the Person-In-Charge (PIC) and representative workers to validate the tasks/steps, hazards, and controls that have been identified for implementation?
3) Prior to startup how are work controls formally defined and released?
4) Describe the interaction between the work planners and the workers.
5) Is there a clear understanding of the difference between administrative controls and engineered controls?

Records & other documents reviewed:

Review random sampling of IWD packages.

Operations and Administrative Procedures

Work Instructions NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Observe an IWD work activity from planning to closure.*

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:

Finding 1: Pre-start ❑ Post-start ❑ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

Criteria Review and Approach Document
FORM 1

Objective Number: 3 (Functional Area) Integrated Safety Management (ISM) - IWM Process	Dates of Review:	Associated SNR #:

Objective: The Integrated Work Management Process piece of ISM has been implemented (in accordance with Notice 142) to ensure work is conducted safely, securely and compliantly.

Criteria: 3.05 Perform Work within Controls – Management ensures that work is safely performed and managed in accordance with requirements and safety management performance expectations. All operations are authorized at a level commensurate with the hazards and established work authorization process. Line Management executes defined requirements such that employees are protected from adverse consequences.

Requirement Documents
LAUR-98-2837, Rev 4, ISM Description Document
Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented
LIR300-00-03, Laboratory Institutional Operations Program
LIR280-02-01, Institutional Facility Management: Responsible Division Leader-Facility Manager
LIR401-10-01, Stop Work and Restart
LIR307-01-01, Management Assessment Program
LIR307-01-03, Management Safety Walk-Arounds
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how management systems and procedures ensure that work is safely performed and managed in accordance with requirements and safety management performance expectations with all facility and operations work activities. Include authorization at a level commensurate with the hazards and established work authorization process. Each question must be verbalized during one or more of the interviews:
1) How has the division/facility communicated to personnel the understand that they are to rigorously adhere to procedures and perform steps as written or STOP work and have the procedure revised in accordance with applicable requirements if they are in error?
2) How is a single Person-In-Charge (PIC) identified with the responsibility, accountability, and authority to determine the quality of the completed IWD and manage and coordinate the work to the IWD to include ensuring coordination of all workers and other aspects of the activity?
3) Does management expect engineered or administrative controls? When are administrative controls acceptable?
4) When executing work, do workers and supervisors focus on finding deficiencies in hazard controls and stopping work if required?

Records & other documents reviewed:
Review random sampling of IWD packages.
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Observe an IWD work activity from planning to closure.*

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❏   Post-start ❏   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 3 (Functional Area) Integrated Safety Management (ISM) - IWM Process	Dates of Review:	Associated SNR #:

Objective: The Integrated Work Management Process piece of ISM has been implemented (in accordance with Notice 142) to ensure work is conducted safely, securely and compliantly.

Criteria: 3.06 Ensure Performance –Management has established formal mechanisms and processes for collecting both qualitative and quantitative information on ES&H performance. This information is collected and used effectively as the basis for informed management decisions to improve safety performance though assessments, performance measures, and other feedback mechanisms.

Requirement Documents
LAUR-98-2837, Rev 4, ISM Description Document
Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented
LIR300-00-03, Laboratory Institutional Operations Program
LIR280-02-01, Institutional Facility Management: Responsible Division Leader-Facility Manager
LIR307-01-01, Management Assessment Program
LIR307-01-03, Management Safety Walk-Arounds
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Principal Investigators (PIs), Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how management systems and procedures ensure information is collected and used effectively as the basis for informed management decisions to improve IWD safety performance though assessments, performance measures, and other feedback mechanisms. Each question must be verbalized during one or more of the interviews:
1) What process improvement mechanism is utilized at the division/facility to ensure that lessons learned and worker input is taken into consideration when developing IWDs? How is this mechanism addressed routinely?
2) How does the division/facility ensure continued confirmation of readiness for conducting work.
3) What performance indicators do you track that give you qualitative and quantitative information on ES&H performance to make informed management decisions? What actions you have taken as a result? Why did you select these indicators?

Records & other documents reviewed:
Review random sampling of IWD packages.
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Observe an IWD work activity.*

Discussion of Results:

Criteria Met: ___ Yes ___ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❐   Post-start ❐   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____	**Approved by:** _____
Team Member (Signature / Z#)	Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 4 (Functional Area) Training/Qualification (TQ)	Dates of Review:	Associated SNR #:

Objective: Training contributes to the safe, secure, and compliant operation of LANL facilities.

Criteria: 4.01 Training and qualification of personnel is formally documented and maintained in an easily auditable manner.

Requirement Documents
LIR300-00-04 Laboratory Training: Essential Requirements
DOE Order 5480.20A Personnel Selection, Qualification, and Training Requirements for DOE Nuclear Facilities
LA-UR 98-2837, ISM Description Document
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Staff, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the formal training programs utilized to train and qualify personnel to ensure safe accomplishment of work at the division/facility. Each question must be verbalized during one or more of the interviews:
1) Do training plans exist?
2) Have personnel who are required to be tested and qualified been identified? How have they been identified?
3) Has sufficient safety basis information been included for operations personnel?
4) Have training plans incorporated hazards based on JTAs?
Records & other documents reviewed:
Review objective evidence of training program implementation such as procedures, lesson plans, and training records.
Division/facility tests (examinations) and other evaluation results.
Division/facility-specific procedures for training, qualification, or certification activities.
Training records such as training plans, JTAs, Task-to-training matrix, individual training records, and/or qualification cards.
Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: __ Yes __ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❏   Post-start ❏ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____	Approved by: _____
Team Member (Signature / Z#)	Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 4 (Functional Area) Training/Qualification (TQ)	Dates of Review:	Associated SNR #:

Objective: Training contributes to the safe, secure, and compliant operation of LANL facilities.

Criteria: 4.02 Training, including continuing training, and qualification plans are maintained to reflect changes to the facility, operations, facility safety basis documents, procedures, and regulatory documents.

Requirement Documents
LIR300-00-04 Laboratory Training: Essential Requirements
DOE Order 5480.20A Personnel Selection, Qualification, and Training Requirements for DOE Nuclear Facilities
LA-UR 98-2837, ISM Description Document
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Staff, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how training/continuing training and qualification plans are maintained current to reflect changes to the facility, operations, safety basis documents, procedures, and regulatory documents. Each question must be verbalized during one or more of the interviews:
1) How are changes to the facility, operations, facility safety basis documents, procedures, and regulatory documents communicated to the training staff to ensure that these changes are incorporated into training materials?
2) How do you document/track modifications to the training and that all workers and worker plans are current to reflect these changes?

Records & other documents reviewed:
Review recent changes to facility documents/procedures, safety basis documents, and regulatory documents and perform a random sampling to verify incorporation into training/continuing training and qualification plans.
Review facility/operation documents/procedures for change control process and linkage of change to training.
Evolutions/operations witnessed: *If appropriate, observe a training activity (e.g., class, OJT, etc.)*
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____	Approved by: _____
Team Member (Signature / Z#)	Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 4 (Functional Area) Training/Qualification (TQ)	Dates of Review:	Associated SNR #:

Objective: Training contributes to the safe, secure, and compliant operation of LANL facilities.

Criteria: 4.03 Personnel (including management and supervisory personnel) are trained in accordance with facility-specific subject areas, position duties, and responsibilities appropriate to the assigned position.

Requirement Documents
LIR300-00-04 Laboratory Training: Essential Requirements
DOE Order 5480.20A Personnel Selection, Qualification, and Training Requirements for DOE Nuclear Facilities
LA-UR 98-2837, ISM Description Document
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Staff, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of how Personnel (including management and supervisory personnel) are trained in accordance with facility-specific subject areas, position duties, and responsibilities appropriate to the assigned position. Each question must be verbalized during one or more of the interviews:
1) Explain how existing training plans address areas discussed above?
2) Has sufficient safety basis information been included in the training for all personnel?
3) Are training plan assignments based on hazard and other appropriate analyses?
4) Are all personnel involved in maintenance and operations trained to identify and report work-site deficiencies? Are they trained on how to stop and restart work?

Records & other documents reviewed:
Review objective evidence of training program implementation such as division/facility procedures, lesson plans/instructional guides, and training records to verify incorporation of facility-specific subject areas, position duties, facility/task hazards, and responsibilities appropriate to the assigned positions.

Evolutions/operations witnessed: *If appropriate, observe a training activity (e.g., class, OJT, etc.)*
Discussion of Results:
Criteria Met: __ Yes __ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 4 (Functional Area) Training/Qualification (TQ)	Dates of Review:	Associated SNR #:

Objective: Training contributes to the safe, secure, and compliant operation of LANL facilities.

Criteria: 4.04 Personnel performing instructional duties are technically qualified and have demonstrated knowledge of instructional techniques through training and/or experience.

Requirement Documents
LIR300-00-04 Laboratory Training: Essential Requirements
DOE Order 5480.20A Personnel Selection, Qualification, and Training Requirements for DOE Nuclear Facilities
LA-UR 98-2837, ISM Description Document
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Staff, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of instructor training and qualification program. Each question must be verbalized during one or more of the interviews:
1) Does the training staff have and maintain the education, experience, training, and technical qualifications for their assigned duties?
2) Are all instructors current in accordance with the institutional (required for 5480.20A facilities) and any additional division/facility training staff qualification requirements?
3) Does your training staff participate in continuing training? Give examples such as Trainers Day, short courses, travel for training, or SME skills training

Records & other documents reviewed:
Review objective evidence of instructor training and qualification.
Division/facility testing (examination) or other evaluation results.
Division/facility-specific procedures for training staff and instructor qualifications.
Institutional Training Staff Qualification training plans.
Training staff training plan completions.

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❏   Post-start ❏   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 4 (Functional Area) Training/Qualification (TQ)	Dates of Review:	Associated SNR #:

Objective: Training contributes to the safe, secure, and compliant operation of LANL facilities.

Criteria: 4.05 The training programs and materials are based on learning objectives or detailed subject-matter content derived from analysis that adequately address the knowledge and skills required to perform assigned tasks.

Requirement Documents
LIR300-00-04 Laboratory Training: Essential Requirements
DOE Order 5480.20A Personnel Selection, Qualification, and Training Requirements for DOE Nuclear Facilities
LA-UR 98-2837, ISM Description Document
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Staff, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility Systematic Approach to Training process (SAT). Each question must be verbalized during one or more of the interviews:
1) Discuss management's involvement in the SAT process, i.e, support for systematically designed training, involvement in the verification and approval of the training package, and in encouraging workers to complete required training.
2) How do supervisory or training staff provide feedback to workers as part of the SAT process?
3) How does management provide support to conduct training (e.g., advocacy, training space, equipment and materials)?

Records & other documents reviewed:
Review objective evidence of SAT process implementation and supporting documentation such as procedures, analysis documents, lesson plans, and training records to verify existence of required documentation.
Division/facility specific procedures for training, qualification, and/or certification activities.

Evolutions/operations witnessed: *Assessment Team evaluate applicability.*
Discussion of Results:
Criteria Met: ____ Yes ____ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❒   Post-start ❒   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 4 (Functional Area) Training/Qualification (TQ)	Dates of Review:	Associated SNR #:

Objective: Training contributes to the safe, secure, and compliant operation of LANL facilities.

Criteria: 4.06 Training and qualification programs incorporate formal On-the-Job Training (OJT) and practical evaluation of skills and knowledge as well as written/oral exams (as required) to evaluate trainee mastery of learning objectives.

Requirement Documents
LIR300-00-04 Laboratory Training: Essential Requirements
DOE Order 5480.20A Personnel Selection, Qualification, and Training Requirements for DOE Nuclear Facilities
LA-UR 98-2837, ISM Description Document
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Staff, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility OJT program. Each question must be verbalized during one or more of the interviews:
1) How do you conduct OJT at the facility?
2) How are performance/practical evaluations performed and documented as part of OJT?
3) How is your facility-specific OJT program documented?
4) How do line managers review training effectiveness on job sites and feedback deficiencies and lessons learned into training?

Records & other documents reviewed:
Review objective evidence of OJT programs implementation and supporting documentation such as procedures, lesson plans, and training records to verify existence of required documentation.
OJT lesson plans, performance and other evaluation results.
Qualification records or Qualification cards.

Evolutions/operations witnessed: *Observe an OJT training activity.*
Discussion of Results:
Criteria Met: __ Yes __ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 5 (Functional Area) Safeguards and Security (SS)	Dates of Review:	Associated SNR #:

Objective: A compliant Safeguards and Security Program is established and implemented

Criteria: 5.01 Workers and managers are involved in developing and maintain the organization/facility security plan to ensure all protective measures are provided for property protection, classified matter control, and classified operations.

Requirement Documents
LIR406-00-01, General Security
LIR406-00-02, Classified Security
LIR406-00-03, Nuclear Safeguards
LPR406-00-00, ISSM
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors,
Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility Safeguards and Security Program. Each question must be verbalized during one or more of the interviews:
1) Were you involved in developing your organization's (or facility) security plan?
2) Where are the classified interests in your facility?
3) Are you in a position to detect violations of security compliance, and do you know what steps to take if you do? Who would you call?

Records & other documents reviewed:
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑ Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 5 (Functional Area) Safeguards and Security (SS)	**Dates of Review:**	**Associated SNR #:**

Objective: A compliant Safeguards and Security Program is established and implemented

Criteria: 5.02 Workers and managers have completed required security training courses.

Requirement Documents
LIR406-00-01, General Security
LIR406-00-02, Classified Security
LIR406-00-03, Nuclear Safeguards
LPR406-00-00-0, ISSM
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility Safeguards and Security Program. Each question must be verbalized during one or more of the interviews:
1) Do workers and managers have Individual Training Plans for employees, do they include required security training courses, and ensure that training is current.
2) Have you completed all your required security training outlined in your Individual Training Plan?

Records & other documents reviewed:
Training Plans and records
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:
Criteria Met: ___ **Yes** ___ **No**
Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 5 (Functional Area) Safeguards and Security (SS)	Dates of Review:	Associated SNR #:

Objective: A compliant Safeguards and Security Program is established and implemented

Criteria: 5.03 Workers and managers are familiar with computer security requirements (e.g. annual computer security awareness training, password use, etc.)

Requirement Documents
LIR406-00-01, General Security
LIR406-00-02, Classified Security
LIR406-00-03, Nuclear Safeguards
LPR406-00-00-0, ISSM
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility Safeguards and Security Program. Each question must be verbalized during one or more of the interviews:
1) Do office workers depart their work areas without securing their monitor screens?
2) Do office workers use passwords to allow access to their PC?
Questions:
3) Do you know how to send sensitive unclassified information via e-mail?
4) Do you know what precautions to take if you were unsure whether an e-mail you were sending contained sensitive or classified information?

Records & other documents reviewed:
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❒   Post-start ❒   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 5 (Functional Area) Safeguards and Security (SS)	Dates of Review:	Associated SNR #:

Objective: A compliant Safeguards and Security Program is established and implemented

Criteria: 5.04 Workers and managers know about security findings and incidents for their organization.

Requirement Documents
LIR406-00-01, General Security
LIR406-00-02, Classified Security
LIR406-00-03, Nuclear Safeguards
LPR406-00-00-0, ISSM
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility Safeguards and Security Program. Each question must be verbalized during one or more of the interviews:
1) Can you give us an example of an action that would be a reportable security incident? Who would you call?
2) Has your organization had any recent security incidents? Has your manager explained what happened and shared any lessons learned?
3) Can your organization validate that effective corrective actions were taken.
4) When was the last time your office received a security self-assessment? What were the findings? Have corrective actions been taken to fix the problems?

Records & other documents reviewed:
Self assessment reports
Corrective Action Plans
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❒   Post-start ❒   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 5 (Functional Area) Safeguards and Security (SS)	Dates of Review:	Associated SNR #:

Objective: A compliant Safeguards and Security Program is established and implemented

Criteria: 5.05 Line managers document security-related management walk-arounds and related corrective actions taken.

Requirement Documents
LIR406-00-01, General Security
LIR406-00-02, Classified Security
LIR406-00-03, Nuclear Safeguards
LPR406-00-00-0, ISSM
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility Safeguards and Security Program. Each question must be verbalized during one or more of the interviews:
1) Does your manager conduct security walk-arounds looking for potential security violations, and does he/she involve you in those walk-arounds?
2) If your manager has discovered a security problem, does he/she take immediate action to correct the situation? Are trends and discrepancies identified and tracked?

Records & other documents reviewed:
Self assessment reports
Corrective Action Plans
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 5 (Functional Area) Safeguards and Security (SS)	Dates of Review:	Associated SNR #:

Objective: A compliant Safeguards and Security Program is established and implemented

Criteria: 5.06 Employees aware of security contacts for their organization including Organization Computer Security Representative, Classified Matter Custodian, Authorized Derivative Classifier.

Requirement Documents
LIR406-00-01, General Security
LIR406-00-02, Classified Security
LIR406-00-03, Nuclear Safeguards
LPR406-00-00-0, ISSM
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility Safeguards and Security Program. Each question must be verbalized during one or more of the interviews:
1) Who is your Organization Computer Security Representative? (Known as the "OSCAR")
2) Who is your Classified Matter Custodian?
3) Who is your organization's Authorized Derivative Classifier (ADC)?

Records & other documents reviewed:
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability***.**

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❏ Post-start ❏ Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 5 (Functional Area) Safeguards and Security (SS)	Dates of Review:	Associated SNR #:

Objective: A compliant Safeguards and Security Program is established and implemented

Criteria: 5.07 Managers and workers develop work authorization plans that include applicable security concerns and reflect actions taken to mitigate identified risks.

Requirement Documents
LIR406-00-01, General Security
LIR406-00-02, Classified Security
LIR406-00-03, Nuclear Safeguards
LPR406-00-00-0, ISSM
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility Safeguards and Security Program. Each question must be verbalized during one or more of the interviews:
1) Are managers and workers involved in work activity planning?
2) What actions do you take if you identify a potential security risk as you create those work plans?
3) What actions would you take if you saw a potential security violation during your work?
4) Do you know that you have the authority to "stop work" if you see the potential for a security incident while working?

Records & other documents reviewed:
IWD work plans
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑ Post-start ❑ Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 5 (Functional Area) Safeguards and Security (SS)	Dates of Review:	Associated SNR #:

Objective: A compliant Safeguards and Security Program is established and implemented

Criteria: 5.08 Managers and employees know how to respond to potential security incidents.

Requirement Documents
LIR406-00-01, General Security
LIR406-00-02, Classified Security
LIR406-00-03, Nuclear Safeguards
LPR406-00-00-0, ISSM
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility Safeguards and Security Program. The following topics must be included in the discussion:
1) What actions would you take if you came upon an unattended classified document? An open repository? An unlocked door leading to a security area?
2) Are you comfortable with the level of awareness such that your employees would know how to respond if they discovered a classified item out of proper control?

Records & other documents reviewed:
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: __ Yes   __ No

Noteworthy Practices:

Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❏   Post-start ❏   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 6 (Functional Area) Environmental Protection	Dates of Review:	Associated SNR #:

Objective: Key indicators of a compliant environmental program are reviewed and requirements addressed.

Criteria: 6.01 An assessment of all RCRA Satellite Accumulation Areas, less than 90 day storage areas, and permitted or interim status storage areas are performed.

Requirement Documents
http://swrc.lanl.gov/programs/assessments/rcracheck.pdf
http://swrc.lanl.gov/programs/assessments/tsdselfinspection.pdf
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers
Request interviewees to provide an overview/description of the division/facility environmental protection program relative to the management of RCRA waste. Each question must be verbalized during one or more of the interviews:
1) Discuss responsibilities and accountabilities for the management, operation and oversight of each RCRA waste storage area.
2) Discuss procedures being implemented at the division/facility level to ensure that technical and administrative standards for each area where waste is stored are met both for the area and for all drums, containers, or packages placed in the area.
3) Discuss division/facility assessment processes used to monitor compliance in RCRA waste storage areas.
4) Identify the facility designated individual who is responsible for coordinating environmental issues for the facility.
5) Discuss management initiatives to encourage workers to identify environmental issues.
6) How does your management control hazardous material outside of these areas?
Records & other documents reviewed:
Review procedures, prior assessments and prior records to verify existence of required documentation and compliance with standards.
Evolutions/operations witnessed: *Perform or simulate a RCRA Satellite Accumulation Area assessment (90 day, permitted and interim storage).*
Discussion of Results:
Criteria Met: __ Yes __ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ☐   Post-start ☐   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 6 (Functional Area) Environmental Protection	Dates of Review:	Associated SNR #:

Objective: Key indicators of a compliant environmental program are reviewed and requirements addressed.

Criteria: 6.02 An assessment of all PCB equipment (in service, stored for re-use or disposal) are performed.

Requirement Documents
http://swrc.lanl.gov/programs/assessments/tscacheck.pdf
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of the division/facility environmental protection program relative to the management of PCB equipment. Each question must be verbalized during one or more of the interviews:
1) Discuss responsibilities and accountabilities for the management, operation and oversight of PCB equipment.
2) Discuss how PCBs and PCB articles are identified and characterized.
3) Discuss how PCB waste is handled, stored, and marked.
4) Identify the facility designated individual who is responsible for coordinating environmental issues including PCB for the facility.
5) Discuss management initiatives to encourage workers to identify PCB issues.

Records & other documents reviewed:
Review procedures, prior assessments and prior records to verify existence of required documentation and compliance with standards.

Evolutions/operations witnessed: *Perform or simulate a PCB assessment of equipment (in-service, stored for re-use, or disposal)*

Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑ Post-start ❑ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 6 (Functional Area) Environmental Protection	Dates of Review:	Associated SNR #:

Objective: Key indicators of a compliant environmental program are reviewed and requirements addressed.

Criteria: 6.03 Chemicals are accurately registered in the Laboratory's CHEMLOG system.

Requirement Documents
LIR 402-510-01, Chemical Management
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of the division/facility environmental protection program relative to the management of chemicals. Each question must be verbalized during one or more of the interviews:
1) Describe the division/facility programs in place to ensure that chemical substances are identified and reported for inclusion into the CHEMLOG system.
2) Identify the facility designated individual who is responsible for coordinating environmental issues including chemicals for the facility.
3) Discuss how chemicals procured through the Just-In-Time process is handled for inclusion into the CHEMLOG system.
4) Describe training and/or guidance provided to workers concerning use of chemicals (e.g. procure, use, and disposal). Identify documentation that supports the training.
5) How does your management address orphan chemicals, vacating work space, and the timely disposition of excess material?

Records & other documents reviewed:
Review procedures, prior assessments and prior records to verify existence of required documentation and compliance with standards.

Evolutions/operations witnessed: *Simulate a CHEMLOG data entry and query.*

Discussion of Results:
Criteria Met: __ Yes __ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 6 (Functional Area) Environmental Protection	Dates of Review:	Associated SNR #:

Objective: Key indicators of a compliant environmental program are reviewed and requirements addressed.

Criteria: 6.04 Erosion controls are maintained in accordance with Storm Water Pollution Prevention Plans for construction sites greater than one acre and all facilities permitted under the Multi-Sector General Storm Water Permit.

Requirement Documents
LIR 404-50-01, Water Pollution Control
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of the division/facility environmental protection program relative to the management of an erosion control program maintained in accordance with the Storm Water Pollution Prevention Plan (SWPP) for construction sites greater than one acre and all facilities permitted under the Multi-Sector General Storm Water Permit (MSGSWP). Each question must be verbalized during one or more of the interviews:
1) Describe the division/facility programs in place to ensure compliance with the MSGSWP.
2) Identify the facility designated individual who is responsible for coordinating environmental issues including MSGSWP compliance for the facility.

Records & other documents reviewed:
Verify the facility SWPP Plan is listed in the MSGSWP.
Review SWPP plans and records and verify compliance with identified controls with the MSGSWP.

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 6 (Functional Area) Environmental Protection	Dates of Review:	Associated SNR #:

Objective: Key indicators of a compliant environmental program are reviewed and requirements addressed.

Criteria: 6.05 Industrial streams are discharged to the appropriate treatment facility.

Requirement Documents
LIR 404-50-01, Water Pollution Control
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of the division/facility environmental protection program relative to the management of industrial streams that are discharged to appropriate treatment facilities under the National Pollutant Discharge Elimination System (NPDES) Outfall Permit. Each question must be verbalized during one or more of the interviews:
1) Describe the division/facility programs in place to ensure compliance with the (NPDES) Outfall Permit.
2) Identify the facility designated individual who is responsible for coordinating environmental issues including (NPDES) Outfall Permit for the facility.
3) Describe how you meet waste acceptance criteria for the radiological and industrial drain lines.

Records & other documents reviewed:
Review procedures and records of sampling the facility discharges and verifying compliance with (NPDES) Outfall Permit.

Evolutions/operations witnessed: *Assessment Team evaluate applicability.*

Discussion of Results:

Criteria Met: ___ Yes ___ No

Noteworthy Practices:

Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 6 (Functional Area) Environmental Protection	Dates of Review:	Associated SNR #:

Objective: Key indicators of a compliant environmental program are reviewed and requirements addressed.

Criteria: 6.06 Validate active construction projects are (1) being executed as described in the PR-ID and excavation permit(s) and (2) that the requirements of the permit(s) are being met.

Requirement Documents
LIR220-01-01, Construction Project Management
LIR402-880-01, Excavation/Soil Disturbance Permit Process
Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of the division/facility environmental protection program relative to the management of active construction projects being executed as described in the PR-ID and excavation permit(s). Each question must be verbalized during one or more of the interviews:
1) Describe the division/facility programs in place to ensure compliance with the PR-ID and excavation permits.
2) Identify the facility designated individual who is responsible for coordinating environmental issues including PR-ID and excavation permits for the facility.
3) How do changes during construction result in any re-review of the PRID process?

Records & other documents reviewed:
Review procedures, records and permits for a sampling of construction projects and verify that they are meeting permit requirements.

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: __ Yes   __ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 7 (Functional Area) Tools (Equipment, Infrastructure, and Facilities	Dates of Review:	Associated SNR #:

Objective: Equipment, Infrastructure, and Facilities are available and adequate to do work and maintain safety, security, and compliance.

Criteria: 7.01 Equipment (facility and programmatic) is routinely condition assessed to ensure operability.

Requirement Documents
LIR230-04-01, Laboratory Maintenance Management Program
LIR230-05-01, Operations and Maintenance Manual
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of how condition assessment processes assist in maintaining safety, security, and compliance. Each question must be verbalized during one or more of the interviews:
1) Identify management assessment/inspections that are utilized to perform condition assessments.
2) Describe the division/facility condition assessment process and components.

Records & other documents reviewed:
Review procedures and documentation.
Maintenance work history
MEL
MIP

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 7 (Functional Area) Tools (Equipment, Infrastructure, and Facilities	Dates of Review:	Associated SNR #:

Objective: Equipment, Infrastructure, and Facilities are available and adequate to do work and maintain safety, security, and compliance.

Criteria: 7.02 Programs and processes are implemented (from facility and programmatic aspects) to ensure that equipment is maintained and upgraded to meet operational needs.

Requirement Documents
LIR230-04-01, Laboratory Maintenance Management Program
LIR230-05-01, Operations and Maintenance Manual
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of how the equipment, infrastructure, and facilities are available and describe work and maintain safety, security, and compliance. Each question must be verbalized during one or more of the interviews:
1) Identify division/facility management maintenance programs and the systems maintained by these programs.
2) Identify division/facility programs which identify/clarify infrastructure.

Records & other documents reviewed:
Review procedures and documentation.
Maintenance work history
MEL

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: ___ Yes ___ No

Noteworthy Practices:

Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❏   Post-start ❏   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 7 (Functional Area) Tools (Equipment, Infrastructure, and Facilities	Dates of Review:	Associated SNR #:

Objective: Equipment, Infrastructure, and Facilities are available and adequate to do work and maintain safety, security, and compliance.

Criteria: 7.03 A formal process is established to ensure that procurement of structures, systems, and components (facility and programmatic) meet laboratory requirements (e.g. Quality and Engineering Standards).

Requirement Documents
LIR308-00-04, Quality Management for Procurement of Items and Services
LIR308-00-05, Software Quality Management
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of the division/facility procurement process and how the procurement process for structures, systems, and components are being fulfilled.

Records & other documents reviewed:
Perform random sampling of documentation of procured S/S/C items and verify compliance with laboratory requirements (LIRs above).
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability.*

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 7 (Functional Area) Tools (Equipment, Infrastructure, and Facilities	Dates of Review:	Associated SNR #:

Objective: Equipment, Infrastructure, and Facilities are available and adequate to do work and maintain safety, security, and compliance.

Criteria: 7.04 A Master Equipment List (MEL) has been developed and is maintained to include all required equipment as defined in the Engineering Standards Manual (this includes facility and programmatic). The MEL identifies, prioritizes, and controls equipment information and maintenance requirements.

Requirement Documents
LIR230-04-01, Laboratory Maintenance Management Program
LIR230-05-01, Operations and Maintenance Manual
LIR308-00-04, Quality Management for Procurement of Items and Services
LIR220-03-01, Engineering Standards
LIR240-01-01, Facility Configuration Management
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of how the division/facility management maintains and documents a MEL. Each question must be verbalized during one or more of the interviews:
1) Verify MEL has bee developed. Verify that the MEL is being maintained.
2) Verify components on MEL are required per Engineering Standards Manual (ESM)
3) Identify procedures and processes to ensure equipment is maintained.
4) Verify MEL entries meet requirements as stated in ESM.
Records & other documents reviewed:
MEL
MIP
Division/facility implementing documentation

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ☐   Post-start ☐ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 7 (Functional Area) Tools (Equipment, Infrastructure, and Facilities	Dates of Review:	Associated SNR #:

Objective: Equipment, Infrastructure, and Facilities are available and adequate to do work and maintain safety, security, and compliance.

Criteria: 7.05 A maintenance management program (applicable to facilities and programmatic), as implemented by a Maintenance Implementation Plan (MIP) has been developed and implemented.

Requirement Documents
LIR230-04-01, Laboratory Maintenance Management Program
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of why the division/facility management implements, maintains, and documents a MIP. The Each question must be verbalized during one or more of the interviews:
1) Verify MIP has bee developed. Verify that the MIP is being maintained.
2) Verify components on MIP are being performed as scheduled.
3) Identify division/facility procedures and processes to ensure maintenance is performed.

Records & other documents reviewed:
MEL
MIP
Division/facility implementing documentation

Records & other documents reviewed:

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 7 (Functional Area) Tools (Equipment, Infrastructure, and Facilities	Dates of Review:	Associated SNR #:

Objective: Equipment, Infrastructure, and Facilities are available and adequate to do work and maintain safety, security, and compliance.

Criteria: 7.06 A process to identify engineering controls and their use and maintenance is available and implemented for facility and programmatic work.

Requirement Documents
LAUR-98-2837, Rev 4, ISM Description Document
Notice 142, Integrated Work Management Interim Process (IMP300-00-00, when implemented
LIR300-00-06, Nuclear Facility Safety Basis
LIR300-00-07, Nonnuclear Facility Safety Basis
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of how the division/facility identifies and maintains required engineering controls. Each question must be verbalized during one or more of the interviews:
1) Describe how the division/facility identifies engineered controlled equipment/systems.
2) Describe division/facility processes and/or procedures which identify engineered controlled equipment/systems.
3) Described the method(s) utilized to identify engineered controlled equipment/systems that may require maintenance.

Records & other documents reviewed:
IWD
Design features
SSC supporting documents (SERs)
Division/facility implementing documentation

Evolutions/operations witnessed: *Assessment Team evaluate applicability.*
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____	Approved by: _____
Team Member (Signature / Z#)	Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 7 (Functional Area) Tools (Equipment, Infrastructure, and Facilities	Dates of Review:	Associated SNR #:

Objective: Equipment, Infrastructure, and Facilities are available and adequate to do work and maintain safety, security, and compliance.

Criteria: 7.07 A Configuration Management program has been developed and implemented to include programmatic (e.g., Conduct of Operations, Conduct of Engineering and Technical Support, Conduct of Maintenance, and Project Management) and organizational interfaces (to include facility and programmatic interfaces) and the establishment of interface controls.

Requirement Documents
LIR240-01-01, Facility Configuration Management
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of how the division/facility develops and implements a programmatic Configuration Management (CM) program. Each question must be verbalized during one or more of the interviews:
1) Discussion of how CM related information is communicated between programmatic and facilities personnel.
2) Discuss how the facility has factored CM planning into facility work schedules. The schedule includes actions, required resources, funding and assigned organizational responsibilities.
3) Discuss how the SSC and process software systems to be included in the CM program have been identified. In addition, discuss how an MEL is established to identify, prioritize, and control equipment information and maintenance requirements.
4) Discuss how CM is implemented using a graded approach based on facility attributes (hazard classification, technical characteristics, operational status, and remaining life)

Records & other documents reviewed:
Design Change Reviews (DCRs)
USQD tracking
SERs
NCRs
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: __ Yes   __ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❏   Post-start ❏   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 7 (Functional Area) Tools (Equipment, Infrastructure, and Facilities	Dates of Review:	Associated SNR #:

Objective: Equipment, Infrastructure, and Facilities are available and adequate to do work and maintain safety, security, and compliance.

Criteria: 7.08 System Engineers are assigned to ensure continued operational readiness of equipment (facility and programmatic) important to safety.

Requirement Documents
PS Implementation Plan for DOE O 420.1
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Line Manager(s), Facility Manager(s), Team/Project Leader(s), Training Personnel, Supervisors, Person-In-Charge (PIC), Student/New Hire Mentors, Workers.
Request interviewees to provide an overview/description of how the division/facility controls the systems engineer process to ensure continued operational readiness of equipment important to safety. Each question must be verbalized during one or more of the interviews:
1) Discuss division/facility requirements for selection of systems engineers.
2) Discuss responsibilities and accountabilities (including post maintenance testing requirements) assigned to systems engineers.
3) Demonstrate policies or procedures which identify systems engineers' involvement in the Configuration Management (CM) process.

Records & other documents reviewed:
Design Change Reviews (DCRs) performed by a designated system engineer. Post maintenance testing verification for the identified DCR.
Qualification card
Applicable systems drawings
SERs
Operations and Administrative Procedures
Work Instructions
NOT ALL INCLUSIVE
Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑ Post-start ❑ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 8 (Functional Area) Authorization Basis (AB)	Dates of Review:	Associated SNR #:

Objective: The appropriate level of Safety Basis (SB) is approved (FSP, BSA, FSA, DSA…etc.) and implemented.

Criteria: 8.01 Workers, supervisors, and division leaders are knowledgeable of the Authorization Basis.

Requirement Documents
LIR300-00-05, Facility Hazard Categorization
LIR300-00-06, Nuclear Facility Safety Basis
LIR300-00-07, Nonnuclear Facility Safety Basis
OST300-00-06, Safety Basis Handbook
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Operations Manager, Facility Manager, Operators, Operations Support/Facility Management Staff, Surveillance Personnel, Authorization Basis Manager, Document Control Custodian
Request interviewees to provide an overview/description of how workers, supervisors, and division leaders are knowledgeable of the Authorization Basis. Each question must be verbalized during one or more of the interviews:
1) What documents constitute the AB? Describe purpose/function of each.
2) What are the major hazards and accidents of concern?
3) What are the major safety SSCs for mitigating accident consequences?
4) What are the major controls (e.g., LCOs) for maintaining operations within the safety envelope?
5) Who or what is being protected from hazards/accidents?
6) What surveillances are performed to demonstrate SSC operability? At what frequency? What are the major acceptance criteria?
7) If you exceed the frequency requirement for surveillance, what actions are required? Is there any allowable extension period?
8) What are the required actions (e.g., LCOs) and time requirements if a safety SSC is found to be inoperable?
9) What happens if a required action (e.g., LCOs) is not completed within the required timeframe.
10) Describe process for issuing and maintaining controlled copies of AB documents
11) Is there objective evidence of a formal process for conducting or tracking completion of TSR surveillance requirements (SRs)?
12) Do operations personnel walk through the proposed Facility TSRs to validate these controls can be done as written prior to submittal to NNSA for approval?

Facility Tenant Personnel:
1) What are your responsibilities with respect to AB?
2) What equipment/processes do you own that are impacted by the AB?
3) What things can you inadvertently do that would put the facility/activity outside of the safety envelope?
4) What things do you regularly do to assist in maintaining the safety envelope?

Records & other documents reviewed:
Training materials (e.g., lesson plans, learning objectives, JTA)

Documentation of critiques and lessons learned
Personnel training and qualification records
Authorization Basis documents (hazard and accident analysis, operating requirements/controls (e.g., TSR/OSR), implementation plans))
Safety SSC operating and surveillance procedures and completed documentation
Mode change procedure
Surveillance tracking/status mechanisms (schedule, status board, etc.)
IWD/work packages for safety SSCs
Document Control/Records Management procedure
Controlled copies of AB documents
Master document list
Facility tenant agreements
Documentation of roles and responsibilities
Past AB/TSR violation documentation (PISA USQ, ORPS, etc.)
Past self assessment results of surveillance performance
As-built drawings
System design descriptions

Evolutions/operations witnessed:
Safety SSC startup/shutdown/shift
Performance of surveillance
Performance of mode change

Discussion of Results:

Criteria Met: __ Yes __ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❏   Post-start ❏   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____	Approved by: _____
Team Member (Signature / Z#)	Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 8 (Functional Area) Authorization Basis (AB)	Dates of Review:	Associated SNR #:

Objective: The appropriate level of Safety Basis (SB) is approved (FSP, BSA, FSA, DSA…etc.) and implemented.

Criteria: 8.02 Change control evaluations are performed and documented with approved procedures, and requirements are integrated with configuration management, document control, maintenance, safety management programs, and the integrated work management process.

Requirement Documents
LIR300-00-05, Facility Hazard Categorization
LIR300-00-06, Nuclear Facility Safety Basis
LIR300-00-07, Nonnuclear Facility Safety Basis
OST300-00-06, Safety Basis Handbook
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization): *Operations Manager, Facility Manager, Operators, Operations Support/Facility Management Staff, Authorization Basis Manager, System Engineers, Authorization Basis Manager*
Request interviewees to provide an overview/description of how USQD/USI/USE evaluations are performed and documented with approved procedures, and how requirements are integrated with configuration management, document control, maintenance, safety management programs, and the integrated work management process. Each question must be verbalized during one or more of the interviews:
1) What are the major components of the USQ/USE/USI process? What is the purpose?
2) Describe a recent change to a procedure or modification to a safety SSC that impacts your authorization basis.
3) What was the process for accomplishing this change (what activities need to occur, what functions are involved)?
4) Is the current facility configuration and work processes documented in the current approved authorization basis?
5) Are personnel performing USQ reviews trained and qualified?
6) Is there any past history of performance that reflects timely and correct identification of potential USQs?
7) Any objective evidence of the owning Division conducting periodic internal reviews of the USQ process implementation by the facility?

Records & other documents reviewed:
IWD/work package for SSC modification
Design change package for SSC modification
Procedure revision
Completed USQ/USE/USI for change/modification
Associated amendment to authorization basis
Configuration management/change control procedure
Document control and records management procedure
USQ/USE/USI procedure

Evolutions/operations witnessed: *Assessment Team evaluate applicability***.**

Discussion of Results:

Criteria Met: ___ Yes ___ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 8 (Functional Area) Authorization Basis (AB)	Dates of Review:	Associated SNR #:

Objective: The appropriate level of Safety Basis (SB) is approved (FSP, BSA, FSA, DSA…etc.) and implemented

Criteria: 8.03 Operating procedures and practices flow down from the authorization basis and are implemented to ensure that the facility is operated within the limitations and modes required by the safety basis (e.g. TSR/OSR, FSP, etc).

Requirement Documents

LIR300-00-05, Facility Hazard Categorization
LIR300-00-06, Nuclear Facility Safety Basis
LIR300-00-07, Nonnuclear Facility Safety Basis
OST300-00-06, Safety Basis Handbook
NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):

Operations Manager, Facility Manager, Operators, Operations Support/Facility Management Staff, Surveillance Personnel, Authorization Basis Manager

Request interviewees to provide an overview/description of how operating procedures and practices flow down from the authorization basis and are implemented to ensure that the facility is operated within the limitations and modes required by the safety basis (e.g. TSR/OSR, FSP, etc). Each question must be verbalized during one or more of the interviews:

1) Describe how requirements flow down from the authorization basis into implementing procedures used in day-to-day operations?
2) Describe the process for instituting a newly identified AB requirement? Is there a tracking mechanism for mapping requirements to implementing documents?
3) Are controlled copies of the current approved AB or Safety Basis located in areas in the Facility readily accessible by all workers?
4) Is the responsibility and accountability for safety basis in the Facility documented and understood?

Records & other documents reviewed:

Authorization Basis documents to include hazard and accident analysis, operating requirements (TSR/OSR)
Requirements database/matrix
Operating, maintenance, and surveillance procedures
IWD/work packages, HCPs
Safety management program procedures

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: ___ Yes ___ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:

Finding 1: Pre-start ❏   Post-start ❏   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 8 (Functional Area) Authorization Basis (AB)	Dates of Review:	Associated SNR #:

Objective: The appropriate level of Safety Basis (SB) is approved (FSP, BSA, FSA, DSA…etc.) and implemented.

Criteria: 8.04 Surveillance procedures contain acceptance criteria (which meet LCO operability requirements and applicable standards) and provisions for documentation, evaluation and disposition of inspection and test results.

Requirement Documents

LIR300-00-05, Facility Hazard Categorization

LIR300-00-06, Nuclear Facility Safety Basis

LIR300-00-07, Nonnuclear Facility Safety Basis

OST300-00-06, Safety Basis Handbook

NOT ALL INCLUSIVE

Interviews (identify interviewee's position title and organization):

Operations Manager, Facility Manager, Operators, Operations Support/Facility Management Staff (system engineers), Surveillance Personnel, Authorization Basis Manager

Request interviewees to provide an overview/description of how surveillance procedures contain acceptance criteria (which meet LCO operability requirements and applicable standards) and provisions for documentation, evaluation and disposition of inspection and test results. Each question must be verbalized during one or more of the interviews:

1) Describe process for determining acceptance criteria for surveillance procedures?

2) What are some specific acceptance criteria for some of your Safety SSCs?

3) What is the process if acceptance criteria cannot be met?

4) How are surveillance acceptance criteria integrated into the maintenance and work control process?

5) How does facility management ensure TSR surveillance requirements (SRs) are being conducted and completed at prescribed time intervals?

6) Is there any objective evidence of the owning Division conducting periodic internal reviews of the TSR SR implementation by the facility?

Records & other documents reviewed:

Surveillance procedures

Procedures governing overall control and execution of surveillances

Post-maintenance testing requirements of IWD/work packages for Safety SSCs

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: ___ Yes ___ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:

Finding 1: Pre-start ❑ Post-start ❑ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 8 (Functional Area) Authorization Basis (AB)	Dates of Review:	Associated SNR #:

Objective: The appropriate level of Safety Basis (SB) is approved (FSP, BSA, FSA, DSA…etc.) and implemented.

Criteria: 8.05 The safety documentation addresses appropriate hazards/risks in operations, maintenance, and activities.
Requirement Documents
LIR300-00-05, Facility Hazard Categorization
LIR300-00-06, Nuclear Facility Safety Basis
LIR300-00-07, Nonnuclear Facility Safety Basis
OST300-00-06, Safety Basis Handbook
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Operations Manager, Facility Manager, Operators, Operations Support/Facility Management Staff (system engineers), Surveillance Personnel, Authorization Basis Manager
Request interviewees to provide an overview/description of how safety documentation addresses appropriate hazards/risks in operations, maintenance, and activities. Each question must be verbalized during one or more of the interviews:
1) How are Technical Safety Requirements (TSRs) controlled, and the latest revision is being used?
2) What actions would be taken, if a condition involving a potential inadequate safety analysis is discovered?

Records & other documents reviewed:
Authorization Basis documents (hazard and accident analysis, operating requirements)
Operating, maintenance, and surveillance procedures
IWD/work packages, HCPs
Safety management program procedures

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: ___ Yes ___ No

Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑ Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____	**Approved by:** _____
Team Member (Signature / Z#)	Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 8 (Functional Area) Authorization Basis (AB)	Dates of Review:	Associated SNR #:

Objective: The appropriate level of Safety Basis (SB) is approved (FSP, BSA, FSA, DSA…etc.) and implemented.

Criteria: 8.06 TSR/OSR administrative controls (including specified staffing) and safety management programs are in place. Change control, configuration control, and USQ/USI/USE process ensure that repairs, modifications, and construction activities are adequately analyzed to identify safety basis impact and ensure that design changes are documented and approved prior to implementation.

Requirement Documents
LIR300-00-05, Facility Hazard Categorization
LIR300-00-06, Nuclear Facility Safety Basis
LIR300-00-07, Nonnuclear Facility Safety Basis
OST300-00-06, Safety Basis Handbook
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Operations Manager, Facility Manager, Operators, Operations Support/Facility Management Staff (system engineers), Authorization Basis Manager
Request interviewees to provide an overview/description of how change control, configuration control, and USQ/USI/USE process ensure that repairs, modifications, and construction activities are adequately analyzed to identify safety basis impact and ensure that design changes are documented and approved prior to implementation. Each question must be verbalized during one or more of the interviews:
1) What safety management programs exists? What is their purpose?
2) What specific administrative controls are required by your authorization basis and why?
3) Is there a clear understanding of the importance, and listing and existence of controlled copies of issued sub-tier procedures for support systems/eq uipment and administrative controls (ACs) that ensure operability of safety SSCs specified in TSR ACs? Sub-tier procedures for SS-SSCs adequately delineate operability for SS-SSC.

Records & other documents reviewed:
Safety management program procedures (including configuration management/change control and USQ/USE/USI)
Other administrative control procedures for implementing specific ACs identified in the authorization basis.
Completed documentation demonstrating compliance with ACs.
Completed USQ/USE/USI documentation

Evolutions/operations witnessed: *Assessment Team evaluate applicability*.

Discussion of Results:

Criteria Met: ___ Yes ___ No

Noteworthy Practices:

Observations:

Substantive Observations:

Findings:
Finding 1: Pre-start ❐   Post-start ❐   Finding Identifier # SNR#-Criteria #-1

Assessed by: _____ Team Member (Signature / Z#)	**Approved by:** _____ Team Leader (Signature / Z#)

CRITERIA REVIEW AND APPROACH DOCUMENT
FORM 1

Objective Number: 8 (Functional Area) Authorization Basis (AB)	Dates of Review:	Associated SNR #:

Objective: The appropriate level of Safety Basis (SB) is approved (FSP, BSA, FSA, DSA…etc.) and implemented.

Criteria: 8.07 The Authorization Basis documents are upgraded/updated based on approved changes to safety related activities, procedures, and equipment and these changes are consistently implemented in facility procedures and documents.

Requirement Documents
LIR300-00-05, Facility Hazard Categorization
LIR300-00-06, Nuclear Facility Safety Basis
LIR300-00-07, Nonnuclear Facility Safety Basis
OST300-00-06, Safety Basis Handbook
NOT ALL INCLUSIVE
Interviews (identify interviewee's position title and organization):
Operations manager, AB manager
Request interviewees to provide an overview/description of how the Authorization Basis documents are upgraded/updated based on approved changes to safety related activities, procedures, and equipment and these changes are consistently implemented in facility procedures and documents. Each question must be verbalized during one or more of the interviews:
1) Describe process for updating the AB. What are the components/inputs to the process?
2) Are pen and ink changes allowed for AB documents such as TSRs?
3) Are commitments for NNSA approved TSR/SB Implementation Plans being met or NNSA approval requested for plan changes prior to exceeding the due date for such commitments?
4) Is there any objective evidence of the owning Division sharing lessons learned related to AB or SB issues between the facilities under its preview?
Records & other documents reviewed:
Annual summary of USQ/USE/USI
Completed USQD/USED/USIDs
Documentation demonstrating completion or pursuit of annual update
Prior self assessment results for USQ/USE/USI programs.
Evolutions/operations witnessed: *Assessment Team evaluate applicability*.
Discussion of Results:
Criteria Met: ___ Yes ___ No
Noteworthy Practices:
Observations:
Substantive Observations:
Findings:
Finding 1: Pre-start ❑   Post-start ❑   Finding Identifier # `SNR#-Criteria #-1`

Assessed by: _____ Team Member (Signature / Z#)	Approved by: _____ Team Leader (Signature / Z#)

ATTACHMENT 6
CLASSIFICATION OF FINDINGS

Section 8.3.1, of the Resumption Process Plan of Action for Risk-Level 2 and 3, requires findings to be classified as "pre-start" or "post-start." To develop this classification, all findings are screened with the following criteria in mind:

- Would work associated with this issue have been stopped prior to the Laboratory-wide work suspension if we knew then what we know now following completion of the MSA?
- Does this issue constitute a violation of a requirement such that there is a potential for unacceptable or unanalyzed risk?
- Is there a condition of imminent danger to health and safety or other hazard as defined in LIR 401-10-01.2, *Stop Work and Restart,* associated with the finding?

A "yes" answer to any of the above questions indicates that the finding being considered is a "pre-start" finding.